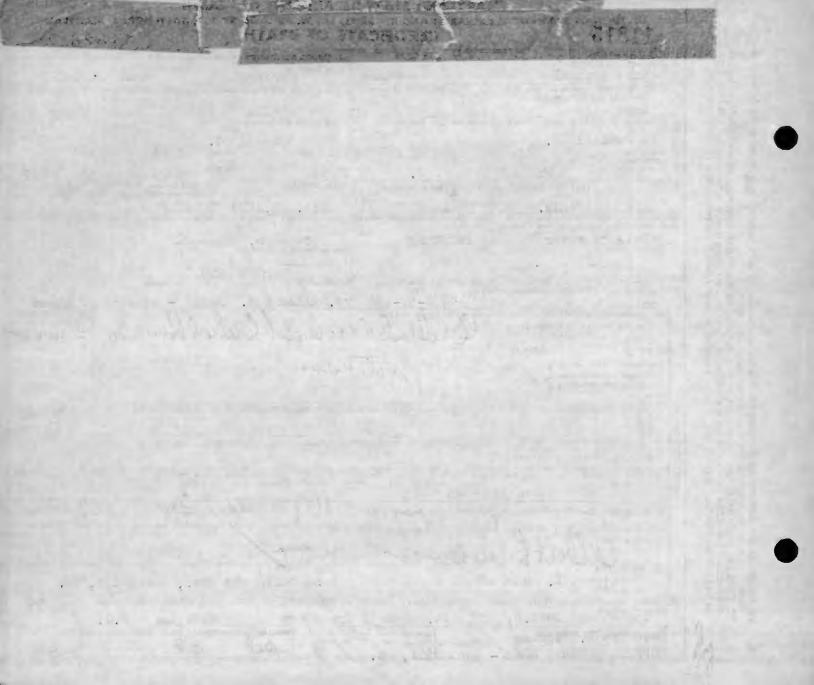
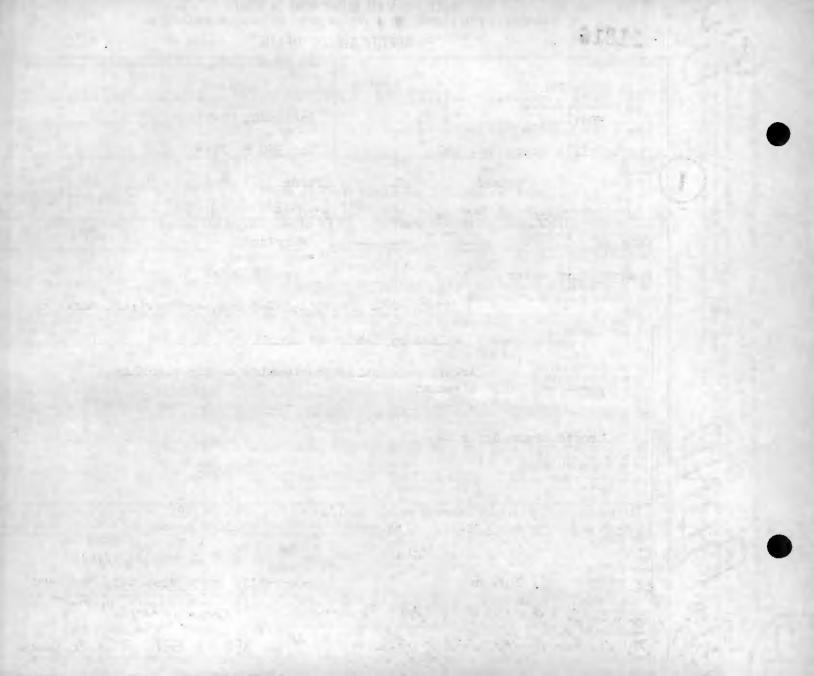
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i	A. COUNTY	H-	Yahana .	100 %	e de la comp	-010 -A)	I ent	- 11.2	USUAL I	RESIDEN	CE (Where	e decee	sed lived, If		itution: I	Residen	ce befor
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	d. NAME OF HOSE	PITAL	OR INS	NOITUTITE	(if not in ho	ospilel, giv	e street eddres	ss)	d. STREET	ADDRESS							0, 15
	24 Hand	all	L St	•					24	rianda	11 St						YES
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	(Type or print)		1	WILLI	AM		J.	Aħ	IDRIE		DEA	TH	SEPT			5	1
1	S. SEX	6				ED NE	VER MARRIED		ATE OF BIRT	гн		9. A	GE (In years				IF UN
	male		eau:		WIDOW		DIVORCED		Oct.	20 7	270	16	ast birthdoy)	M	onths	Days	Hour
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	done during most of y		-			Danit - +	21.		Dan	- 1-7	T.T.	. v	1-			Das	
1	3. FATHER'S NAME	ngi	S.V.S.		1 1	Print	Tug	14	MOTHER'S	O KLYM 5 MAIDEN		V Yo	rk			USA	-
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					cause per	Ge for le	), (a), and (c)	16.	. 1	0/1	10 1	1. 1	1/1.		n	0	NSET-A
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1	Conditions, if or gove rise to imme (e), stating the couse last.  PART II. OTH  20e. ACCIDENT OR CONTRIBUTING (IF EITHER, NOTIF LIVER)  20e. TIME OF IN. Hour e.m.	IMP  IMP  IMP  IMP  IMP  IMP  INP  IMP  IM	Which couse hydrag UNDERL CAUSE EDICAL Mor	USED BY, CAUSE (6) DUE TO (b) DUE TO (c) ANT COND LYING OF DEATH EXAMINER: hith, Dey, Yo	20b. DI	ESCRIBE HO.  INJURY Colle Notork at	NG TO DEATH  OW INJURY O  OCCURRED  While  work  degeaged	CCURRED. ( 20e. PLACE fectory,	OF INJURY (	of injury in (Home, farm a bldg., atc.	n, 20f. (	Pert II o	filem 18.)		{Cou	(a)	19. WAR
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1	Conditions, if or gove rise to imme (e), stating the couse last.  PART II. OTH  20e. ACCIDENT NOTE (IF EITHER, NOTIF EITHER, E	TH VIAN	Which couse hydrag UNDERL CAUSE EDICAL Mor	USED BY, CAUSE (6) DUE TO (b) DUE TO (c) ANT COND LYING OF DEATH EXAMINER: hith, Dey, Yo	20b. DI	ESCRIBE HO.  INJURY Colle Notork all	NG TO DEATH  OW INJURY O  OCCURRED  While  While  December of the company of the	fromd that de	OF INJURY (	of injury in (Home, farm a bldg., atc.	n, 20f. (	(City or	filem 18.)		{Cou	(a)	19. WAR
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1	Conditions, if or gove rise to imme (e), stating the couse last.  PART II. OTH  20e. ACCIDENT NOTIFE EITHER, NOTIFE 2Dc. TIME OF IN. Hour e.m., p.m. 21. I certify saw the dece. 22e. SIGNATURE	WAS G UURY	which couse indying GNIFICA	USED BY, CAUSE (6) DUE TO (b) DUE TO (c) ANT COND  LYING D  LYING	20b. DI	ESCRIBE HO  INJURY Cork all added the	NG TO DEATH  OW INJURY O  OCCURRED  While  While  December of the company of the	fromd that de	OF INJURY ( alree), office ath occurr  ATTENDIN PHYS.  22d. ADD	of injury in (Home, ferm a bldg., atc.	19 Of In Pert I or I	(City or	filem 18.) town) d causes	and	(Cou , 19 I on th	T I(e)	19. WA PE YES [
14CDICAL	Conditions, if or gove rise to imme (e), stating the couse last.  PART II. OTH  20e. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTIF  2De. TIME OF IN. Hour e.m. 21. I certify saw the deger 22e. SIGNATURE  22c. PHYSICIAN NAME (Fyp. II.)	diate unda	which course which which which which which which course the course cours	USED BY, CAUSE (6) DUE TO (b) DUE TO (c) ANT COND  LYING OF DEATH EXAMINER; his hosp on	20b. Di 20b. Di whi al wo	ESCRIBE HOLD IN THE BOOK AND	OCCURRED Work De deceased	fromd that de	OF INJURY ( , street, office ath occurr  ATTENDIN PHYS.  22d. ADD	of injury ir (Home, farm, bldg., stc.)  red at  NG.	n, 20f. (1) 19 (1) 19 (1) AED. DIRECTOR	(City or to	town)  town  town  town  town  Anne	and	(Coo , 19 I on th	(O)	YES
14CDICAL	Conditions, if er gove rise to imme (e), stating the couse last.  PART II. OTH  20e. ACCIDENT NOR CONTRIBUTION (IF EITHER, NOTIF EITHER, E	was G UURY	which course which which which which which which which which will be with the which which will be with the which which will be with the w	USED BY, CAUSE (6) DUE TO (b) DUE TO (c) ANT COND  EYING OF DEATH EXAMINER; 19 OF DEATH OF DE	20b. Di 20b. D	ESCRIBE HOLDON'S AND 123c. 1	MG TO DEATH OW INJURY CO OCCURRED While work  deceased IS.L	fromd that de	OF INJURY ( , street, office ath occurr  ATTENDIN PHYS. 22d. ADD  CREMATOR	(Home, farm bldg., stc.	19 A fr. MED. SIRECTOR gate	(City or to	town)  town)  causes  STAFF PHY5.   All  ON (City, N	and	(Cou	(o)	19. WA PE PE STAND
1 STENIOR	Conditions, if er gove rise to imme (e), stating the couse last.  PART II. OTH  20e. ACCIDENT NOR CONTRIBUTION (IF EITHER, NOTIF EITHER, EITHER, EITHER, EITHER, EITHER, EITHER, EITHER, EITHER, EITHE	MAS G WAS S WAS S T MIN TO THE STATE OF THE	which course which which which which which which which which will be with the which which will be with the which which will be with the w	USED BY, CAUSE (6) DUE TO (b) DUE TO (c) ANT COND  LYING OF DEATH EXAMINER; his hosp on	20b. Di 20b. D	ESCRIBE HOLDON'S AND 123c. 1	OCCURRED While Be deceased in Lance of CE	fromd that de	OF INJURY ( , street, office ath occurr  ATTENDIN PHYS. 22d. ADD  CREMATOR	of injury ir (Home, farm bldg., stc.  red at	19 A fr. MED. SIRECTOR gate	City or to	town)  town)	and	(Count) 19 I on the count or count D.C	(o) (inty) (ne dal	19. WAPE [
1 STENIOR	Conditions, if er gove rise to imme (e), stating the couse last.  PART II. OTH  20e. ACCIDENT NOR CONTRIBUTION (IF EITHER, NOTIF EITHER, E	MAS G WAS S WAS S T MIN TO THE STATE OF THE	which course which which which which which which which which will be with the which which will be with the which which will be with the w	USED BY, CAUSE (6) DUE TO (b) DUE TO (c) ANT COND  EYING OF DEATH EXAMINER; 19 OF DEATH OF DE	20b. Di 20b. D	ESCRIBE HOLDON'S AND 123c. 1	MG TO DEATH OW INJURY CO OCCURRED While work  deceased IS.L	fromd that de	OF INJURY ( , street, office ath occurr  ATTENDIN PHYS. 22d. ADD  CREMATOR	of injury ir (Home, farm bldg., stc.  red at	19 A fr	City or to	town)  town)  causes  STAFF PHY5.   All  ON (City, N	and	(Count) 19 I on the count or count D.C	(o) (inty) (ne dal	19. WAPE [



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11816 77829 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Maryland papers. Pages 1 pin 72 haurs after Anne Arundel MARYLAND OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporate limits, write RURAL and give negrest town) Pasadena, Maryland Crownsville Ξ. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? filled i Rt#4 Crownsville State Hospital Box 392 B YES T NO F NAME OF Middle 4. DATE carbon Lost Month Dov Year campletely DECEASED 19 67 (Type or print) DEATH Edward Baker IF UNDER I YEAR SEX 6. COLOR OR RACE B DATE OF BIRTH 9. AGE (In years IF LINDER 24 HRS 7. MARRIED **NEVER MARRIED** remove lost birthdoy) Manths Dovs Hours WIDOWED DIVORCED and in any 8/20/98 Negro and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) attending physician of INDUSTRY COUNTRY? Maryland Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, Martha Smith Joseph Henry Baker 15. WAS DECEASED EVER IN ILS. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT permit. (Yes, na, ar unknown) (If yes give wor or dates of service 217-07-8654 Hospital Records, Crownsville, Maryland No crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Pulmonary Embolism: uremia IMMEDIATE CAUSE (o) \_\_\_ 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if any, which gove Arteriosclerotic Hypertensive cardio-vascular rise to immediate couse (a), DUE TO disease. stoting the underlying cause as the lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? has NO K certificate Chronic Brain Syndrome 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Hame, form, (City or town) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour to m Not While of work at work 1966 to 9/14-1967 that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from 4/2 19.67, and that death accurred at 7.00 M, fram causes and an the date stated abave. FUNERAL DIRECTOR: saw the deceased alive an Q/14 22o, SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. PHYS DIRECTOR PHYS. 9/14/67 22d, ADDRESS 22c. PHYSICIAN'S director, po NAME (Type) C. Dorkan Crownsville State Hospital, Maryland 23o. BURIAL CREMATION 23d. LOCATION (City or Jown) REMOVAL (Specify) 2 25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ars hankelly nges 688 m VR A15 (4) 25M 1/6%



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11817 11830 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission). o. COUNTY d in by manages I understand MARYLAND ANNE ARUNDEL ANNE ARUNDEL MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3 hrs 10 Min MARYLAND LAUREL, MARYLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? CIMBROUGH AH FT GEO G KEADE, MARYLAND 3 HILLCREST DRIVE NO X 3. NAME OF Pa Pa First 4. DATE Year DECEASED BEALL, INF MALE SEPTEMBER 167 (Type or print) DEATH IF UNDER 1 YEAR and in any eve SEX 6. COLOR OR RACE AGE (In years IF UNDER 24 HRS. NEVER MARRIED X DATE OF BIRTH 7. MARRIED remove birthdoy) Months Doys Min CAU 3 SEPT 67 MALE WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) physician a INDUSTRY NO IVE COUNTRY? ANNE ARUNDEL, MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, JOSEPH D. BEALL JEAN ANDERSON STREET, CARDENESS DE LE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes pp, or unknown) (If yes give wor or dotes of service JOSEPH BEALL(F) LAUREL, MD. NONE crematian. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
PREMATURITY INTERVAL BETWEEN signed by the burial-transit GRAMS ) 575 ONSET AND DEATH IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The faw requires the Page 4 moy be retained by the haspital ar attending physician. DUE TO PRIMARY ATELECTASIS HRS, 10 MIN Conditions, if ony, which gove rise to immediate couse (a), **DUE TO** stoting the underlying couse Dept. of Health prior ta certificate has been the SD 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES Z NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Stote) (City or town) (County) Hour o.m. foctory, street, office bldg., etc.) Not While O FUNERAL DIRECTOR: After to 3 Sept 67 21. I certify that (F (this haspital) attended the deceased from 3 Sept 10 saw the deceased alive on 3 Sept 1967 and that death accurred a8:30P M, from causes and an the date stated above. 22o. SIGNATURI 22b. DATE SIGNED 3 Sept 67 M.D. DIRECTOR PHYS. director, page should be filed ZZC. PHYSICIAN'S ROBERT F. CULLEN. CPT. MCC KIMBROUGH AH, FORT GEO G. MEADE, MO. NAME (Type) 23o. BURJAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE/THEREOF 23d LOCATION (City or Town) (County) (State) 2So, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS SEP maldon DATE

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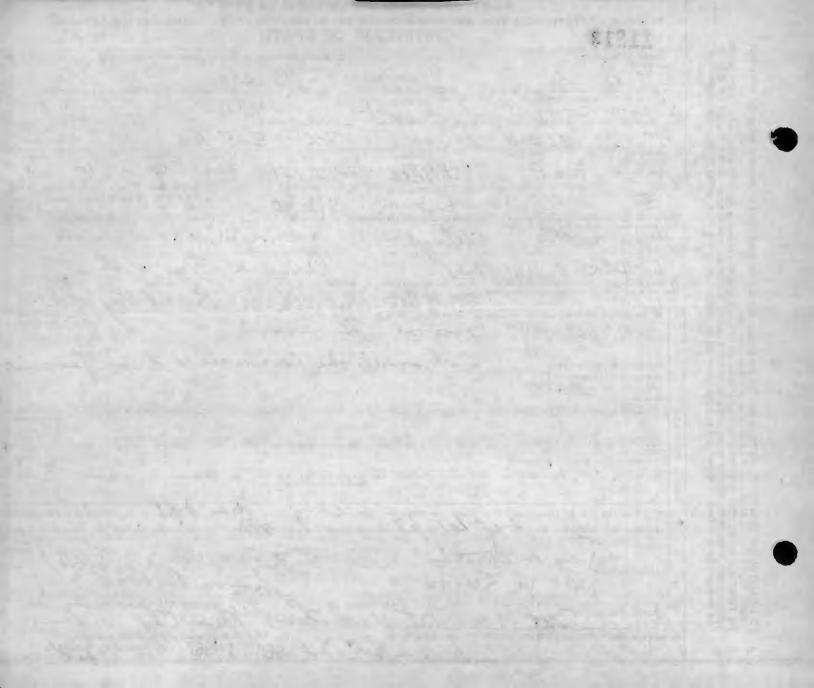
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1	1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10	L 70 T	11813 CERTIFICATE OF DEATH
	the funeral	1. PLACE OF DEATH  COUNTY  O. STAIL AND  2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission)  o. STAIL AND  D. COUNTY  D
	24 ho	b. OIT OR TOWN (if outside corporate limits, write RURAL end give neerest town)  write RURAL end give neerest town)  Selection  C. LENGTH OF STAY IN 169  C. CIFFOR TOWN (if outside corporate limits, write RURAL end give neerest town)  Medium  483
	afte sel	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
0		3. NAME OF First CMiddle Last 4. DATE Month Day Yest
	De de la	(Type or print) FLAT WHITNEL BEARDSLEY DEATH 9 - 10 1967
	and arbo	WIDOWED DIVORCED 7/6 90 lest birthday) Months Deys Hours Min.
	physician and remove care	10m. USUAL OCCUPATION (Give kind of work done during most of working life, primitification)  College: VIENNA, 111 NO 15  USUAL OCCUPATION (Give kind of work done during most of working life, primitification)  College: VIENNA, 111 NO 15  USA.
	表 Q N N :=	18. VFATHER'S NAME
	the de	LINDORF O, WHITNEL  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or yntown) (Ifyesgive war or detes of service) - 34 + 10 + 5 W AND
	es thai cian. by the rmit.	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH  ONSET AND DEATH
	e law requires inding physicia sen signed by ial-transit pern cremation, or i	Conditions, if any, which (b) Certeripselerotie Cardiovaccular deciare few mint
	Thatte	Goodilions, if any, which (b)  (b)  (b)  (c)  (b)  (b)  (b)  (b)
	italias es ot	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED?  YES NO CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH
	7 7 70 7	
	of the Age	20c. TIME OF INJURY Month, Dey., Yeer   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, ferm, 10 fectory, street, office bldg., etc.)   Several A.A. MA.
	1 to 0 2 d	21. I certify that (I) (this hospital) attended the deceased from 1962 to 1962, that (I) (we) last saw the deceased alive on 1962, and that death occurred at 1964, from the causes and on the date stated above.
•	L OR AT 4 may be L DIRECT 3 should the State [	228. SIGNATURE  ATTENDING MED. STAFF 9/10/1, 226. DATE SIGNED  M.D. PHYS. DIRECTOR PHYS. D
	HOSPITAL sath. Page 4 FUNERAL ector, page filed with th	22c. PHYSICIAN'S NAME (TYPERAY M. SMITH 22d. ADDRESS Severe Park mld.
	death. Page 4 TO FUNERAL director, page 5 be filed with th	23a. RURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	YR A15 (4)	24 FUNTRAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE SUPPLY SIGNATURE ADDRESS PARTY DESTRACTOR OF PORTION SIGNATURE SUPPLY SIGNATURE SIGNATURE SUPPLY SIGNATURE
	20M 5-63	ROBERT S. BARRANED



11/	1 tems 20&21 Film 392 MARYLAND STATE DEPARTMENT OF HEALTH 19-13-67 ams DIVISION OF VITAL RECORDS 301 W PRESTON STREET BALTIMORE MARYLAND 21201	
Va and	DIVISION OF THE RECORDS SOL AT THEST DESTRUCTED WITH THE TEXT OF THE PROPERTY	1000
FORSZATE	11819 "MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1833
HEALTH DEPT.	1. PLACE OF DEATH 2 OSUAL RESIDENCE (Where deceased lived, if institution; Residence	before odmission) -
ay is 3 to Page Page	o. COUNTY Me auchel Maryland Willed - 6. 1948. D.	11
delay and 3 A3. Pa	b. CITY OR LOWN (If outside corporate limits, write RURAL and give write RURAL and give nearest town).	neorest lown)
hy delo 2, and 2, and PM3. P	Minditos ODA Mulling MA	021
Dep De	d. NAME OF HOSPITAL OR INSTITUTORY (If not in haspital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
death. If any delay is Pages 1, 2, and 3 the with farm PM3. Page to State Department of	Anne Arundel General Hosp. 13 Teorgelaw A. Middle Lost A DATE Month	YES NO NO
	3. NAME OF DECEASED (Type or print) January & Dewy and Jr. Lost 4. DATE OF DEATH 9/167	Doy Year
after alang with the	S. SEX 6. COLOR OR RASE 7. MARRIED REVER MARRIED 7. S. DATE OF BIRTH 9. AGE (In years I IF UNDER 1)	19 YEAR 1 IF UNDER 24 HRS.
_ ∞/ o _ ≥ F		Doys Hours Min.
I haurs Office I and	100. USUAL OCCUPATION (Give kind of work done 1Db. KND On BUSINESS OR 11 BIRCHPLAN (Store or foreign country) 12. CITIZ	ZEN OF WHAT
	court reporter Willed State Reangage Va.	NIRY A
within 24 pencil in xaminer's ile pages hours affe	13. FATHER'S NAME	
u wit n per Exan File 2 hau	James E. Bendall, Sr. Metta Patticall  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANI  Address	
This certificate should be executed within 24 icate, writing the ward "pending" in pencil in be farwarded to the Chief Medical Examiner's I be used as a burial-transit permit. File pages remayal, and in any event within 72 haurs after	(Yes, no, or unknown) (If yes give wor ar dates af service)	00
exec ndin Med per with	18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), ond (c), PART I. DEATH WAS CAUSED BY:  (C) 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), ond (c), ond (	INTERVAL BETWEEN
"pe "pe nief ansit	PART I. DEATH WAS CAUSED BY: Oreidase 7 Drug (Barbitostes)	ONSET AND DEATH
should be en ward "per ta the Chief burial-transit	8 //. O DUE TO	
sho a th buri	Conditions, if any, which gave ) (b)	
ificate should tring the war urded to the as a burial-to and in any	stating the underlying couse DUE TO	
rriffin rriffin vard ad a	PART II OTHER SIGNIFICANT CONDITIONS COMPRIBITING TO DEATH BUT NOT BELATED TO THE TERMINAL DISCASS CONDITION CIVES IN DARY V.S.	19. WAS AUTOPSY
TICAL EXAMINER: This certificate, writh the execute the certificate, writh the range of should be farwar tod far your files.  ECTOR: Page 3 shauld be used burial, cematian, ar remayal,	200. EXTERNAL CAUSE WAS PRIMARY PAGE OF CONTRIBUTING   Overdose of driver  Overdose of driver  Overdose of driver	PERFORMED? YES NO DC
MEDICAL EXAMINER: This iplease execute the certificate, director. Page 4 should be far etained far your files.  DIRECTOR: Page 3 shauld be used to build, crematian, ar remay	20o. EXTERNAL CAUSE WAS PRIMARY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
INER: The certification is should be files.		
brcal Examiner: se execute the certification. Page 4 should files. ECTOR: Page 3 shourid, cremation, a	20c. TIME OF INJURY Month, Doy, Year Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, fortory, street, office bldg., etc.)	17
XA ute you you rrem	p.m. of work in thome Annapolis	Md.
AL E Far far far one:		and in my apinian
Se ectal	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
ME plea dire DIR	SIGNATURE WILLIAM M.D. ASSISTANT MEDICAL EXAMINER [	22. DATE SIGNED
UTY DINY, RAL Prio	EXAMINER'S ALLOS OF ALLOS OF DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUT	41161
TO DEPUTY MEUCAL EXAMIN necessary, please execute the the funeral director. Page 4 st 5 may be retained far your first TO FUNERAL DIRECTOR: Page 3 Health priar ta burial, crematic	NAME (Type) THOEK I A ANDERSOM Address (Street, city, town, or county Clubble).	11.1)
70 T S T T T T T T T T T T T T T T T T T	236. BURIAL (REMATION, REMOVAL (Specific)  Sept. 4. 1967  Creenbill Comptens  Daniel Town 1 (City or Town)  (City or Town)	ounty) (Stote)
	24. RUMERAL DIRECTOR F. Hamping ADDRESS L. 1250. RECD BY REGISTRAR 25b. REGISTRAR 5 STO	Mayeria Va.
VR A15ME (5) 6M 1/67		Jules .

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11820 CERTIFICATE OF DEATH 11834 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a STATE b. COUNTY Anne Arundel Maryland MARYLAND Anne Arundel signed by the attending physician and campletely filled in by the burial-transit permit. Then please remove carban papers Pages burial, cremation, or removal, and in any event, within 72 hours after b CITY OR TOWN (If autside carparate limits c LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town Annapolis Annapolis d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENC ON A FARM? Anne Arundel General Hospital YES | NO 1 Georgetown Rd 3. NAME OF First 4. DATE Month Lost Day Year DECEASED Pattishal (Type or print) Metta BENDAL DEATH September 19 67 IF UNDER 24 HRS. S. SEX AGE [ n years IF UNDER TYEAR 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** B DATE OF BIRTH lest berheay) Months Days Haurs 23, 1900 White WIDOWED DIVORCED May Female 10a LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
retired Secretary INDUSTRY & COUNTRY? U. S. Hope will w.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Clegg Pattisall Eartha H. Odell 17 INFORMANT IS. WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates of service) rirs. Verna P. Banbee, Newland, N.C. 162-16-4339 INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (d), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. 221X DUE TO Conditions, if ony, which gave use to immediate cause (a). DUE TO ficate has been s far use as the b f Health priar tab stating the underlying cause lost 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO Z O FUNERAL DIRECTOR: After this certificate 20o, ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, affice bldg., etc.) Hour a.m. Not While OR ATTENDING at wark 21. I certify that (I) (this haspital) attended the deceased fram. shauld 19 67, and that death accurred attinion M, from causes and an the date stated above saw the deceased give an 220 SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR M.D. PHYS PHYS director, page should be filed 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 16 HICERONE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (State) 28m BURIAL (REMATION 23b. DATE THEREOI REMOVAL (Specify) Danville Greenhill Cemetery Pitts/lyania 2Sb. REGISTRAR'S SIGNATURE 2So. REC'O BY REGISTRAR 24 FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 dillidill

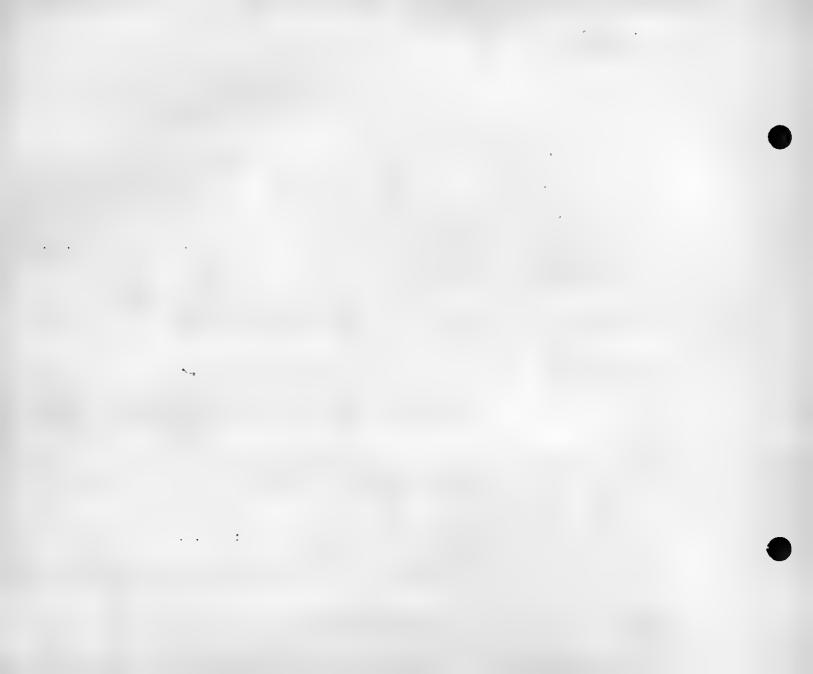
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11821 11835 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death USUAL RESIDENCE (Where deceased lived, if institution Residence before agmission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Anne Arundel Anne Arundel MARYLAND completely filled in by the r b CITY OR TOWN (If outside corporate imits, CLENGTH OF STAY IN Th c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) nnapolis hural - Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO X Arundel General Hospital Box 23. Route 4 NAME OF First Middle 4 DATE DECEASED OF DEATH William BLOCKINGER September (Type or print) S SEX 9 AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH rost buthdoy) Months Hours December 4. 1906 signed by the ottending physician and co burial-tronsit permit. Then please remo burial, cremation, or removal, and in any Male White WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working they eyen if retired) Maryland 13 FATHER SCHAME 14 MOTHER'S MAIDEN NAM 15 WAS DECEASED EVEN IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war or dates of service) INFORMANT 1B CAUSE OF DEATH (Enter only one couse per fine for (o), (b)
PART I DEATH WAS CAUSED BY INTERVAL BETWEE ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a). stoting the underlying couse WAS AUTOPS' PERFORMED? 19 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION NO YES 🔨 certificote 200 ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (Cty or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year TO FUNERAL DIRECTOR: After this Hour a.m. foctory, street, office bldg .etc.) Not While pt work at work 21. I certify that (I) (this hospital) oftended the deceased from 196 and that death accurred of M, fram causes and an the date stated above saw the deceased alive an 220 5 GNAJURI 22b DATE SIGNED M.D. PHYS 700 DRESS NAME (Type) (County) 75b REGISTRAR'S SIGNATURE FUNDRAL DIRECTOR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11822 11836 CERTIFICATE OF DEATH 24 haurs after death. by the funeral Pages 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased aved, if institution Residence before admission) a. COUNTY a. STATE **b** COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b CITY OR TOWN (If outside carparate I mits, c LENGTH OF STAY IN 1b c CFTY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Annapolis **Annapolis** d NAME OF HOSPITAL OR INSTITUTION (If ngt in haspital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARM? Anne Arundel General Hospital 420 Hammond Place YES NO requires that the death certificate be executed within NAME OF 1051 4 DATE Month Doy Year DECEASED 26 (Type or snat) Jennie Shearman BOWERS DEATH September 19 67 AGE (In years last birthday) IF JNDER 1 YEAR S. SEX 6. COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH IF UNDER 24 HRS 7 MARRIED Manths Days Haurs November 8.1888 WIDOWED DIVORCED Fema le White 10a, SUAL OCCUPATION (Give kind of wark dane KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) NDUSTRY Massachusetts 13 FATHER'S NAME 4 MOTHER S MAIDEN NAME signed by the attending physical burial-transit permit Then phenrial, cremation, ar remayal, INFORMANT (Yes na, ar unknown) (If yes a ve war ar dates of service) 18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rse to immed ate cause (o), DUE TO stoting the underlying cause as the has been WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE COND T ON GIVEN N PART 1(0) PERFORMED? for use Health p NO FUNERAL DIRECTOR: After this certificate j 200 ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of Iem 18) detached for the Dept. af F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT FY MED CAL EXAMINER 20c TIME OF INJURY Month Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form (City or town) (County) (State) Hour a m factory street affice blde, etc.) Not White ATTENDING at work 21. I certify that (1) (this hospital) attended the deceased from 19.67, that (I) (we) last rus page 3 shauld to be retained from cooses and an the date stated above. 1967, and that death accurred a saw the deceased olive on 22a SIGNATURE 22b. DATE SIGNED ATTENDING M D DIRECTOR PHYS director, page : 22d ADDRESS 22c PHYSIC AN S NAME (Type) BURIAL CREMATION 23c. NAME OF LOCATION (City-or (County) REMOVAL (Spec fy) 24 FUNERAL DIRECTOR 250 REC D BY REG STRAR ADDRESS 25b REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 196



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11823 11837 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY **b** COUNTY Anne Arundel Anne Arundel Maryland MARYLAND b CITY OR TOWN (If auts de carparete limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) XSEVERNAXRARKXXMd. Annapolis Severn papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? Old Oak Rd. YES Naval Hospital NO Ty 3 NAME OF Middle First 4 DATE Manth Year DECEASED OF DEATH William 67 Earl September 12 Boyd (Type or print) AGE (In years IF UNDER 1 YEAR B. DATE OF BIRTH 5 SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthday) 9 April 1904 Male Cauc WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? during most of working life, even if retired) **INDUSTRY** Retired Baltimore. Mi. TISA II S Navy 14. MOTHER'S MAIDEN NAME crematian, ar remaval. Athol Boyd Luiev. 16 SOCIAL SECURITY NO 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 21144 (Yes, no, or unknown) (If yes give wor or dates of service Jame M. Boyd. Old Oak Road. Severn. Md. Yes INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c)) ONSET AND DEATH burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave 3 rise to immediate cause (a), DUE TO stating the underlying couse PART II, OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, (City or fawn) (County) (State) Haur a.m factory, street, affice blda, etc.) 21 | certify that (I) (this haspital) attended the deceased fram 8 Sept., 19 67, ta 12 Sept., 1967, that (I) (we) las saw the deceased alive an 12 Sept., 1967, and that death accurred ap2200 M, from causes and an the date stated abave O FUNERAL DIRECTOR: 22a, SIGNATURE 22b DATE SIGNED ATTENDING DIRECTOR . 22d. ADDRESS 22c. PHYSICIAN'S Naval Hospital Annapolis Md. MICHAEL F. FORNES LCDR MC.USN 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) 23g BURIAL CREMATION REMOVAL (Specify) 18 Sept. 67 Arlington National Burial 25g REC'D BY REGISTRAR 967 25b 24. FUNERAL DIRECTOR VR A15 (4) Kirkley Funeral Home, 421 Crane Highway, 25M 1/67



AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) e. COUNTY Anne Arundel b. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (il outside corporate limits. E LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give nearest town) Annapolis life Annanelis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Prime Rose & Tyler Ave Prime Rose & Tyler Ave 3. NAME OF DECEASED BROWN Sept. MMN (Type or print) MATTHEWS DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (fn years | IF UNDER 1 YEAR | IF UNDER 24 HRS. ast birthday) Months male negre WIDOWER DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) \*\*\*\* U.S.A. A.A.Co. Maryland Caretaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Katherine Hall Charles Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.1 17. INFORMANT (Yes, so, or unkown) (Ifyesgivewarerdetesofservice) 56 Albert Brown - Rt. 3 Arnold Md. Box 13 18. CAUSE OF DEATH Enter only one cause per fir INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if env. which gave rise to immediate cause (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(6) 19. WAS AUTOPSY CERTIFICATION 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of Item 18.) 200 ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 1 20f, (City or town) (County) Month, Day, Yeer factory, street, office bldg., etc.) Hour e.m. While Not While at work et work 0.03 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive-on. 22a. SIGNATUKE ATTENDING M.D. FUNERAL 22c. PHYSICIAN S ADDRESS NAME (Type) 23a. BURIAL, CREMATION, | 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, fown or county) ÷ 2 OH Sent. 18-67 Pine Lawn Bestgate Rd. Annapolis, Md. ADDRESS. REC'D BY REGISTRAR 256. REGISTRAR S SIGNATURE VR A15 (4) .Hicks 111 Annapolis, Md.

 IS RESIDENCE ON A FARMU

YES NO

10

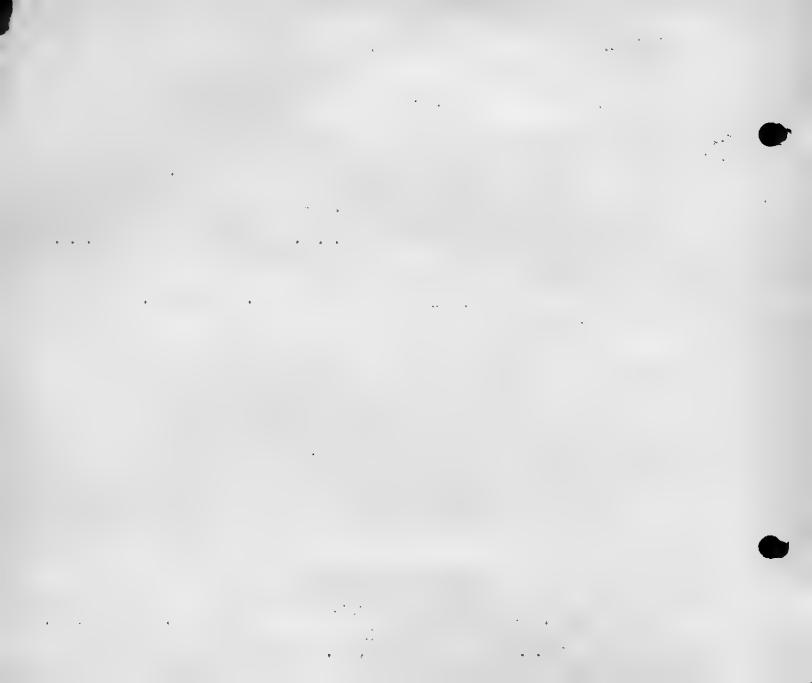
PERFORMED? NO

(Stele)

22b. DATE

(State)

SIGNED

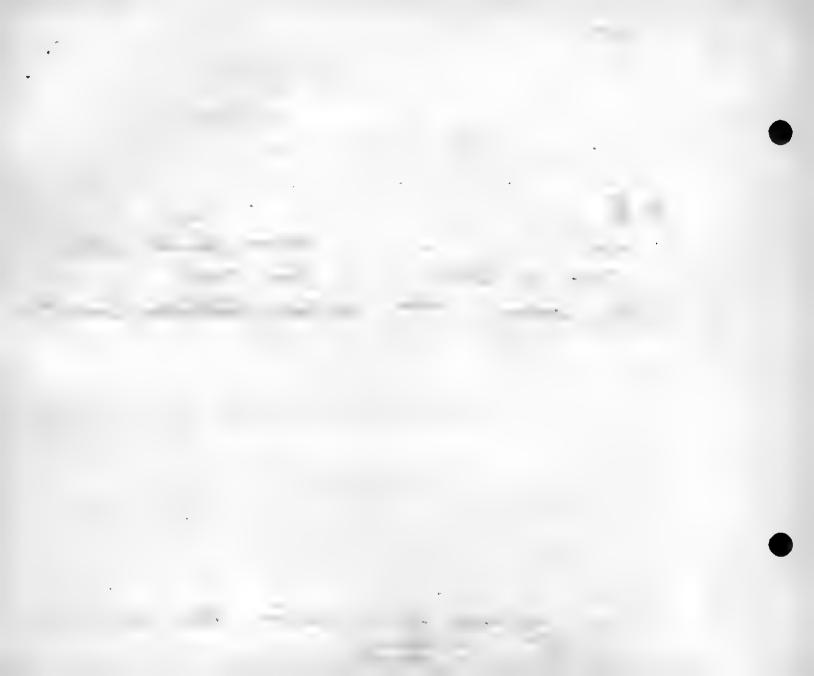


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11839 CERTIFICATE OF DEATH 11825 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH O COUNANNE ARUNDEL a. STATE MID. b. COUNTY ANNE ARUNDEL PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after MARYLAND hours after C LENGTH OF STAY IN 16 b. CITY OR TOWN (f outside corporate limits, c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write (TRAIN and New Tholes town) GLEN BURNIE d SUNTANDED SSOM LANE e IS RESIDENCE ON A FARM? .⊑ papers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) completely filled NO and in any event, within eose remove carbon NAME OF Middle BURKE 4 DATE DECEASED (Type or print) ROBERT OF DEATH 6 COLORIDATION 7 MARRIED NEVER MARRIED 8 12L28R01 y years outhday) Months Doys Hours WIDOWED DIVORCED | 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)

Jio & Fixture Builder INDUSTRY COUNTRY? Martin Co. Baltimore. Md. 11-5-A 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAM burial-tronsit permit. Then pl burial, cremation, or removal, Howard Burke Marv Arnold 16 SOCIAL SECURITY NO 17 INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war or dofes af service) Mary Burke (wife) Same as INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ONSET AND BEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o signed by Page 4 may be retained by the haspital or attending physician. DUE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause 3 should be detoched for use as the with the State Dept. of Health prior to FUNERAL DIRECTOR: After this certificate hos been 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES [ 20a ACCIDENT WAS UNDERLYING □ 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, (City or town) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Nat While ot wark 22b. DATE SIGNED 22n. SIGNATURE STAFF PHYS. ATTENDING director, page 3 should be filed v M.D. DIRECTOR 22d. ADDRESS NAME (Type) OfHerlihv Glen Burnia, Md. 21061 Hilary 230. BURIAL, CREMATION, REMOVAL (Specify) BUF181 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (Stote) Sept. 19.67 GIEN BURNIE, Md.
GISTRAR 256. REGISTRAR'S SIGNATURE Glen Haven Mem'l Park 24 FUNERAL DIRECTOR 2Sa REC'D BY REGISTRAR Ochanles R.V. Singleton Glan Burnia, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11840 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where dereosed lived if institution Residence before admission) n. COUNTY o STATE MARYLAND b CITY OR TOWN (If outside corporate limits. r LENGTH OF STAY N 1b c CITY OR TOWN ( | outside corporate imits write RURAL and give nearest town) M3 Glen Burnie DURNIE O NAME OF HOSP TAL DR INSTITUTION (If not in hosp tol, give street address) d STREET ADDRESS DN A FARM? 3 Ren MERE ARUNDEZ - HOS DATE DECEASED DEATH NEVER MARRIED 6 COLDR DR RACE 7 MARR ED 9 AGE (In years last birthdoy) event within 72 haurs after death W DD WED DIVORCED PATIDN (Give kind of work done) 10b KIND OF BUS NESS DR 12 C TIZEN DE WHAT during most of working te, even if retired) INDUSTRY None 13 FATHER'S NAME INFORMANT 6 SOCIAL SECURITY ND Medical 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO in any Conditions, if only, which gove rise to immediate couse (a). DUE TO stoting the underlying couse PART II DITHER'S GNIFICANT CONDITIONS CONTRIBLEING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOP PERFORMED? ND 200 EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING COUSE OF DEATH 20b DESCRIBE HDW NURY OCCURRED (Enter noture of injury in Port Lar Part Lafitem 18) 20d NJURY DCC...RRED 2De PLACE DE INCURA (Home form 2Df (City or fown) 20c TIME DE N. RY Month Day Year factory, street, office bidg etc.) 21 | certify that I took charge of the remains described above, held on Autopsy | ], Inspect on | [7] Inquiry C ond in my opinion O FUNERAL DIRECTOR: Undetermined monner 📈 death resulted from: Maturol couses Accident . Suicide . Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MED CAL EXAM NER **EXAMINER'S** Address (Street, city, town, or county) VR A15ME (5)



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11841

11827

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Yi	PLACE OF DEATH		2. USUAL RESIDENCE (Wh	nere deceased lived, if institut	tion. Residence before admiss	ion)
1	o. COUNTY Anne Arundel	MARYLAND	o. STATE Marylar	nd b (OU	NIT -	. /
	b. CITY OR TOWN (If outside corporate limits,	c LENGTH OF STAY IN 16	CITY OR TOWN (IF outs	ide corporate limits, write RU	JRAL and give nearest town)	
	write RURAL and give nearest town) Linthicum		Baltin	,	70	, -4
$\vdash$	d NAME OF HOSP TAL OR INSTITUT ON (If not an hospital,	anus etrant oddracs)	d STREET ADDRESS	HOLE	e IS RES	-
					ON A	FARM?
	Linthicum on Pennsylva		1706 St. ]		AE2	M0 [_
3	NAME OF First DECEASED	Middle	Losi	4. DATE Mon	ith Day Yi	ear
L	(Type or print) FRANCES	LORETTA	CAMPBELL		otember 9 19	67
S	SEX 6 COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)		R 24 HRS
П	Female i White WIDOWED	DIVORCED	Yay-30-1	23 (05) (04) (05)	Months Days Hours	Min
	00 USUAL OCCUPATION (Give kind of work done 10b K	IND OF BUSINESS OR	BURTHPLACE Stote of		12 CITIZEN OF WHAT	
d	uring most of working life, even if retired)	NOUSTRY	Yn Dim	~ Vai	JOURN !	*
h	3 FATHER'S NAME		14 MOTHER'S MAIDEN NA	AME	1 Marie 1	
	1.12 9	1	1/200	full.	K)	
H	S WAS DECEASED EVER IN W.S ARMED FORCES? 16	SOCIAL SECURITY NO 17	NFORMANT C	1 anos	1919.	P
H	Yes, no, or unknown) (If yes give war ar dates of service)	1 5 12 11 15 CE	INFORMANT	1/ 1/2	- market	II
L	- K	6000 346000	/Unon!	Marcho	W 2140 V	4.
Г	18 CAUSE OF DEATH (Enter only one couse per line for	(a), (b) and (c).)			INTERVAL BE	
П	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Multiple traum	atic injuries	3	ONSET AND	DEATH
ı	Y U J X DUE TO					
П	Conditions, if ony, which gove ) (b)					
ı	rise to Immediate couse (o).		<del></del>			
ı	last (c)					
	PART 1. OTHER SIGN FICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT PELATED TO	THE TERM NAT DISEASE COND	ATTON GIVEN IN PART 1(a)	19 WAS AL	TOPSY
, 2	S TAKE T. OTHER STORE CONTINUES CONTRIBUTION	TO DEATH BOT NOT KEERIED TO	THE TERM HAE DISEASE COND	mos dieta de l'Akt 1(b)	PERFORI	MED?
CEBTICICATION	200 EXTERNAL CAUSE WAS	receipt work this by odd park	45		AE2	NO _
12	200 EXTERNAL CAUSE WAS 20b DE PRIMARY Professions 20b DE	ESCRIBE HOW INJURY OCCURRED	(thier notice of injury in Pa	irt I or Port II of item 18.)		
	, those of beauti	ubject was str				
15			CE OF INJURY (Home, form	20f (City or town)	(County)	(State)
MED	4:55 pm 9 9 19 67 of wor		tory, street, office bldg., etc.) RR tracks	Linthic	eum AA	MD.
	21 I certify that I taak charge of the rer				uiry , and in my	/ aninia
			rde 🗍 . Ham,cide [	Undetermined m	· —	арина
	death leading from Holling Cabaca	, Accident LA, Suit	CHIEF MEDICAL E		Idinici	
	ACTUAL	10/	ACCIETABLE MACDIC	AL EXAMINER	22. DAT	E SIGNED
ı	SIGNATURE // / / / / / /		M D ASSISTANT MEDICAL			
-	EXAMINER'S Russell S. Fisher	, M.D.		city town, or county)	September 10,	196
-	30 BURIAL CREMATION 23b DATE THEREOF	23c JAME OF CEMETERY OR		#3d/ LOCATION (City or To	-	Stote)_a
1	REMOVAL (Specify)	ZSC MANC OF CEMETER OK	The same	Page 10 CATION (CITY OF TO	(County)	Jiore!
1	Camerial 7-1	Villasom X	sione >	remount (	ress Kes.	Ld.
	24 FUNEBAL D RECTOR	1930 Centain	LUCIE	- 1 (//	EGISTRAR S SIGNATURE	
J	2014 13 2 JUST		1 2000	. 2 1467 00	A STORY	

VR A15ME (5) 6M 1/67

FOR STATE HEALTH DEPT

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with the state Deportment

a bunal-transit permit. File pages land 2

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

Health prior to burial, camation, ar remavol, and a any event within 78 hours ofter death

TO FUNERAL DIRECTOR: Page 3 should be used as

5 moy be retoined for your files.

This certificate should be executed within 24 hours after death. If any delay is

MISTICAL EXAMINER:

TO DEPUTY



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11842 11823 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before arm ssion) o. COUNTY o STATE b. COUNTY Anne Arundel Anne Arundel Marvland MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Annapolis c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest tawn) Annapoli d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RES DENCE ON A FARM? Anne Arundel General Hospital 21.6 Severn Ave. NO XX and in any event, within YES carban NAME OF Middle 4 DATE Month Dov DECEASED (Type or print) CHASE September Joseph 30 19 DEATH 6. COLOR OR RACE 7 MARRIED B. DATE OF BIRTH AGE (In years IF LADER 1 YEAR IF UNDER 24 HRS NEVER MARRIED lost bythdoy) Months Hours Jan. 5. 1895 Male Negro WIDOWED DIVORCED 10o SUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY Maryland 14 MOTHER'S MAIDEN NAME crematian, or remayal, attending phy: permit. Then p S WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCAL SECURITY NO 17 , INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) signed by the a burial-transit per burial, crematia 1B. CAUSE OF DEATH (Enter only one couse per fine four(o), (b), and (c) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) attending physician DUF TO Conditions, if ony, which gove use to immediate couse (a). DUE TO stoting the underlying couse ed far use as the of Health prior tal cert ficate has been PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ITOIL 19 WAS ALTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of niury in Port L or Port L of tem 181) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM, NER) MEDICAL 20c TIME OF NURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, 20f (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) ATTENDING of work to Sept. 30, 19 67, that ( ) (36 klast I certify that (1) (INCOMPOR attended the deceased fram be retained O FUNERAL DIRECTOR: M, fram causes and an the date stated above sow the deceased alive an Sept. 30 1967, and that death accurred at 22b. DATE SIGNED XXXX DIRECTOR 22d. ADDRESS 22c PHYSICIAN S NAME (Type) Maurice Klawans, M.D. 31 Southgate Ave., Annapolis, Md. 23c NAME OF CEMETERY OR CREMATORY FUNERAL DIRECTOR 250. RECD BY REGISTRAR 25h REGISTRAR S S GNATUR 25M 1/67 1967

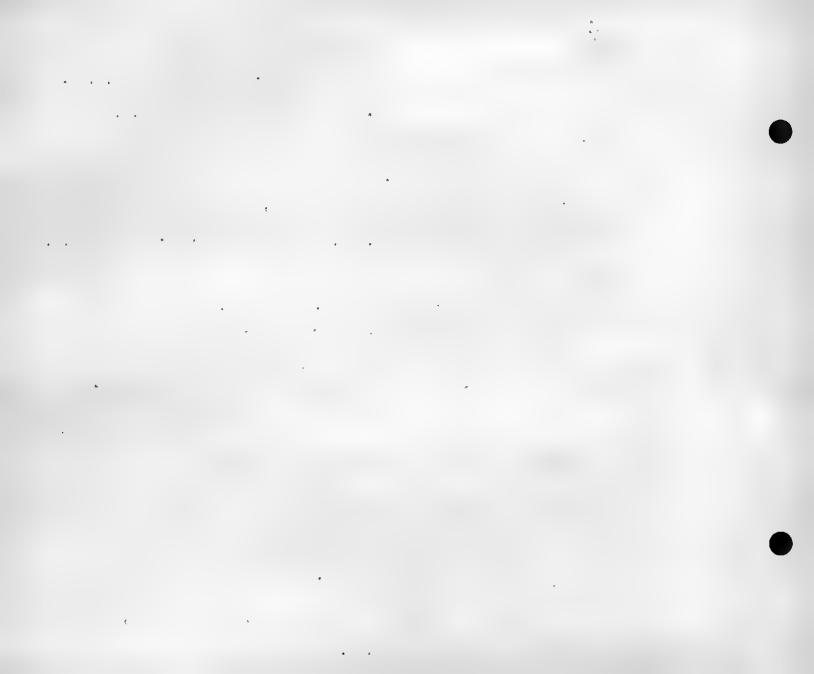
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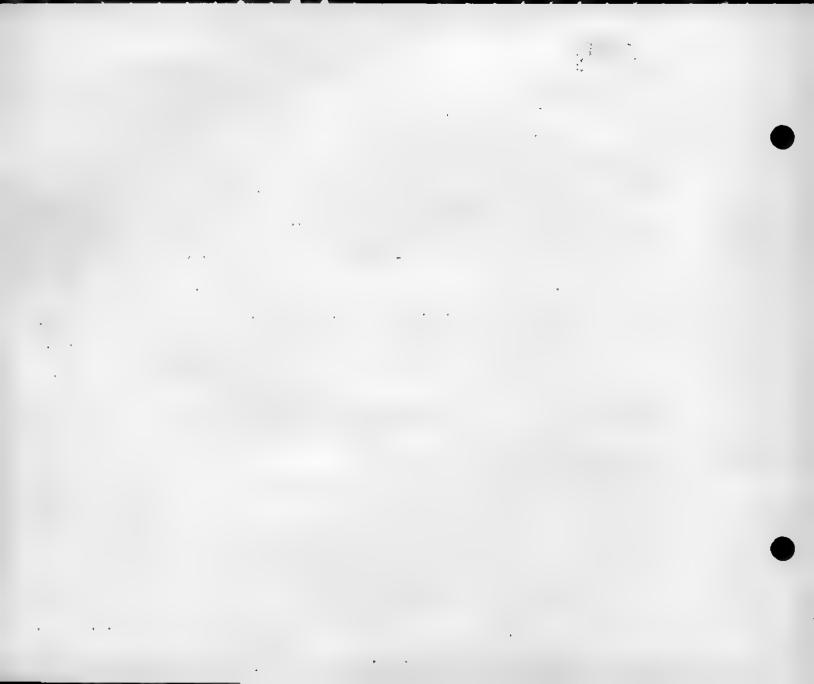
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Nd. a. COUNTY b. COUNTY after Arundel the by the Anne MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b been signed by the attending physician and completely filled in by the burial-transit permit. Then plesse remove carbon papers. Pag or to burial, cremation, or removal, and in any event, within 72 hours Balto. Burnie d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 1534 St. NO X Arundel General Hosp. Carev YES PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician. NAME OF Middle Last DATE Month Day Yaar DECEASED OF 19 67 Cobb DEATH Sept. (Typa or print) Alonzo िक्रकिय AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIED T NEVER MARRIED 56yrs WIDOWED DIVORCED 7-17-11 Negro 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Giva kind of work done) 10b, KIND OF BUSINESS OR during most of working life, aven if ratired) INDUSTRY COUNTRY? U.S.A. N.C. 13. FATHER'S NAME MOTHER'S MAIDEN NAME Adline Turner Julius 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yes, no, or unkown) ((f yes give war or dates of service) St. Elaine Cobb Carev INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET-AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a **DUE TO** Conditions, If any, which (b) gava risa to immediate TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to DUE TO cause (a), stating the underlying causa last, (c) WAS AUTOPSY PERFORMED? CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. NO 🔽 YES 20a, ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MITTICAL 20d. INJURY OCCURRED 120a, PLACE OF INJURY (Homa, farm, (City or town) (County) (State) 20f. TIME OF INJURY Month, Day, Year factory, street, offica bldg., etc. Hour a.m. Whila Not While OR ATTENDING P at work 19 at work that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from date stated above. saw the deceased alive on M, from the cluses and on the and that death occurred at: DATE SIGNED 22a. SIGNATURE 22b. ATTENDING PHYS. STAFF M.D. DIRECTOR PHYS. Page 4 may ADDRESS 22c. PHYSYCIAN'S 22d, NAME (Type) (Stata) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) DATE BURIAL, CREMATION. 23b. REMOVAL (Specify) Carolina . North Philip High Buria. ADDRESS REC'D BY REGISTRAR 25b. 24. FUNERAL DIRECTOR 25a. Kelson Funeral Home 1348 Calhoun St. VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11845 CERTIFICATE OF DEATH 11831 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH
a. COUNTY Anne Arundel USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) and campletely filled in by the funeral Md. **b.** COUNTY A.A.Co. MARYLAND C. LENGTH OF STAY IN 15 c CITY-QR-JQWN (If guillede carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carporate I mits, write RURAL and give negrest town) 1 liks d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)
Ann North Arundel Hospital d STREET ADDRESS IS RESIDENCE ON A FARM? Old Coaling Road YES 🗔 NO [ Year 67 Middle 4 DATE 3. NAME OF Clarence Cottrill Month Sept DECEASED A. 10 (Type or print DEATH IF UNDER 24 HRS IF UNDER 1 YEAR 5 SEX 6 COLOR OR RACE White 9. AGE (In years 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH remove los Arthdoy Male Jan 15, 1899 Months Hours DIVORCED WIDOWED and inany 10a USUAL OCCUPATION (Give kind of work done during masch vor During ear Regied) red 11. BIRTHPLACE (County & Stote or foreign country)
Williamsport, Md. 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? 5. Westurt please Mac. Co 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal, (unknown) Cottrill (unknown) 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes no or unknown) (If yes give war or dates of service) 2-03-9422A Mrs. Shirley A. Howard(daughter) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying couse the O FUNERAL DIRECTOR: After this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO YES K for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20g. ACC DENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year factory, street, affice blda, etc.) Nat While of work 21. 1 certify that (1) (this haspital) attended the deceased fram. 4-14-6 1.19 0-, 1967, that (I) (we) last ta G Page 4 may be retained 19(5), and that death accurred at 11 53 M, fram causes and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** MED. DIRECTOR M.D. , page 3 be filed \ 22d. ADDRESS 22c. PHYSICIAN S 3001 NAME (Type) director, should b 23c. NAME OF CEMETERY OR CREMATORY 23d 10CATION (City or Town) (County) (State) 230 BURIAL, CREMATION 23b DATE THEREOF BUREMOVAL Specify) Glen Burnie, Maryland 9/23/67 Glen Haven Memorial Pk. 2Sb. REGISTRAR'S SIGNATURE ADDRESS 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Funeral Home?Glen Burnie,Md. Singleton DATE CED



MAKTLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11832 CERTIFICATE OF DEATH 11846 by the funeral Pages 1 and:2 death OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY b. COUNTY Anne Arundel burial-transit permit. Then please remove/carban papers. Pages 1 burial, crematian, ar removal, and ha any event, within 72 hours after MARYLAND Maryland Anne Arundel b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporote limits, write RURAL and give negrest town) write RJRAL and give nearest town) Annapolis DOA Edgewater . M d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspitol, give street oddress) campletely filled in d STREET ADDRESS e IS RESIDENCE ON A FARM? Anne Arundel General Hospital 1130 Fairhill NO F YES NAME OF Middle fast 4 DATE Month Doy Year DECEASED MELVIN HARRY OF DEATH COULTER SERT (Type or print) 67 19 S SEX 6 COLOR OR RACE and cam 7. MARRIED Y **NEVER MARRIED** DATE OF BIRTH AGE (In years IF LINDER I YEAR IF UNDER 24 HRS lost birthdov) Months Days Hours WIDOWED DIVORCED male cans. 3,1901 100 USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician a during most of working life, even if retired) INDUSTRY COUNTRY? grocer own business Washington. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending passit permit. The Clarence C. Coulter Mary R. Miller 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) ((If yes give war ar dates of service) 78-09-2330A Firs. Bessie V. Coulter - same as #2 above 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) signed by the burial-transit INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: CARCINOMATOSIS SINSET AND DEATH IMMEDIATE CAUSE (o) DUE TO CARCINOMA OF BLADDER. Conditions, if any, which gave to (b) rise to immediate cause (a), DUE TO stating the underlying cause has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? TO FUNERAL DIRECTOR: After this certificate NO TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the hospital 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Hame, form, 20d. INJURY OCCURRED 20f. (City or town) (County) (State) While Not While factory, street, affice bldg., etc.) or work at wark 21. I certify that (1) (this haspital) attended the deceased fram\_ MAY 23 19 67. to JEPT 20, 19 67, that (1) (we) last 19 67, and that death occurred at 3 23 PM, from causes and on the date stated above. saw the deceased alive an 22a, SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF M.D. PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) HOLTGREWE 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) All Hallows Cemetery Birdsville ວິເກາກໍລ ໄ 24. FUNERAL DIRECTOR ADDRESS 25a REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Fuheral Home Arna ølis. Md.



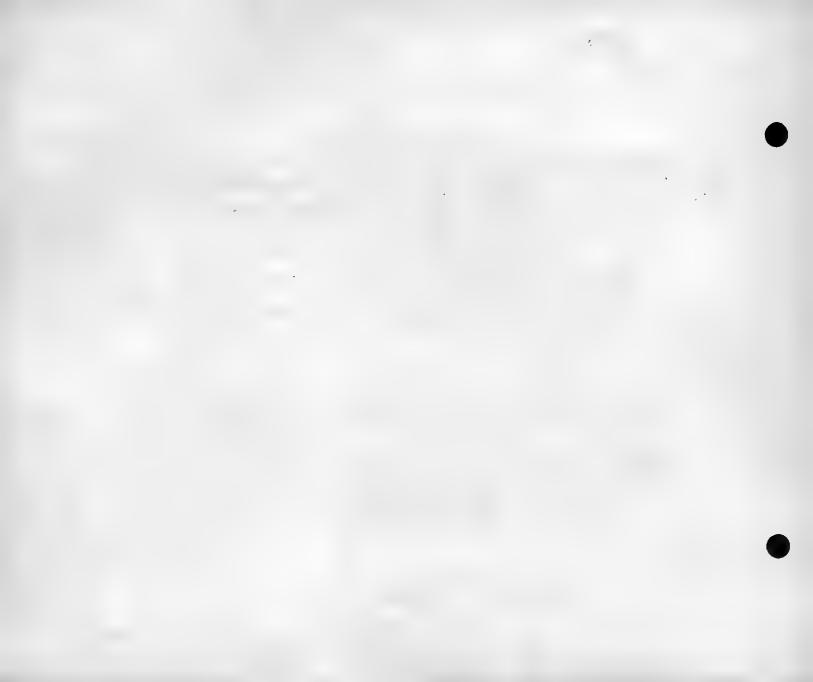
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11233

CERTIFICATE OF DEATH

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death	百万度が	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution. Residence	before admission)
ő	funeral ond		o. COUNTY Anne Arundel. MARYIAND	o. STATE TO B. CONNTY	e Arundel
24 hours after	e e	$\vdash$	Anne Arundel Maryland b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give	
22	ages ris off		with RURAL and give nearest town) GLEN Burnie	,	legion rowing
inoi	in by there. Pag 2 hours	⊢		Glen Burnie	0 9.1
7	gapers papers pnv721		d NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address)	d. STREET ADDRESS	e is residence On a farm?
	filled		North Arundel Hospital	101 Eastern Street	YES NO
#	≥6 E		NAME OF First Middle DECEASED	Lost 4. DATE Month	Doy Year
5	completely nove corbon ly event		Type or print) Lillian	Cschenk DEATH 9	14 1967
n in	comp v eve,	5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 9 AGE (In years   IF UNDER I )	
Xec	00 76	FZ	emale (1/6, to widowed Divorced D	APRIL 22, 1895 OST MONTHS [	Doys Hours Min.
<b>a</b>	ending physicion and c nit. Then please remo or removol, and in ony	1Do	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		EN OF WHAT
-C	on od i	dur	agmost of working life, even if retired)  1005@cul_Fe0	Baltimore- Md. Off	3 A.
cat	physicion ten please ovol, and i	13	FATHERS NAME	14. MOTHER'S MAIDEN NAME	
Œ	en ovo		JAMES E. FONTZ	Elizabeth Michale	
9	e± ĕ	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17	NFORMANI (CELESSO)	<del></del>
100	E to C	(Ye	e no entropy of the service of services	10/EASTERN	21.
<del>Q</del>	attending permit. The fon, or remo	_	212 63 8856 /	ENRY LICHENK GIEN BERNIE	/
that the death certificate be executed within			18 CAUSE OF DEATH (Enter only one couse per time for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY	7-	INTERVAL BETWEEN
hot	by the transit cremo		IMMEDIATE CAUSE (a)	ary thrombosis	ONSET AND DEATH
			t x 01 DUE TO		
requires a physici	signed buriol-t buriol, a		Conditions, if any, which gave (b) (b) (c) (c) (c) (c) (d)	C. U. D.	
req			stoting the underlying couse DUE TO		
S in	as been as the prior to		(c)		
te le	has been se as the h prior to	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
100	for use Health	CERTIFICATION			YES NO
PHYSICIAN:	For For	IFE	200 ACCIDENT WAS UNDERLYING ☐ 206. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Port II of item 18.)	
	of all the		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
H.	s ce ach ept	MEDICAL		PLACE OF INJURY (Home, farm, 2Df (City or town) (Count	ty) (Stote)
Q + 0	e D de ‡	WED	Hour o m While Mot While f	octory, street, office bldg , etc.)	(******
Z A	fter † be de state		OTHER STREET	1965 7 1063 10 10 1065	e 46-4 /33 /3 1-4
200	He S		21. I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an figure 1967, and the	ant death accurred at 2 4 M from course and an the	data stated above
ATTENDIN Stoined by	DIRECTOR		220. SIGNATURE	22b DATI	
Z tel	Strong with		D. Carrier	ATTENDING MED CYACO 1	4/67
OR be r	AL DIR page e filed		22c. PHYSICIAN'S	M.D PHYS DIRECTOR PHYS DIFFECTOR PHYS	7/37
SPITAL 4 mov	RAL po be fi		NAME (Type) referred four tolers Tie his	400 Craw Aug Mit	
SPI 4	tor, tor	22.			(2)
O HOSPITAL	director, pa	230		R CREMATORY 230 TOCAT ON (City or Town) (C	ounty) (State)
5 9	50 JU	K			MATINITY OF STATE OF
	R A15 (4)	24	ADDRESS ADDRESS	250. SEED BY MEGSTRANGEY 250 REGISTIMER S. SIG	Min out and
2	5M 1/67	1	1000114 130 E. FORT HVE DAT	To , DATE SEP 10 NO.	<i>V</i>



		MARYLAND STATE DEPARTMENT O		
1		11834 Items of VITAL RECORDS, 301 W PRESTON STREET, B	ALTIMORE, MARYLAND 21201	
FOD STATE		11834 Item #7 Film #6393 10/11/57 ph MEDICAL EXAMINER'S CERTIFICA	ATE OF DEATH	71848
FOR STATE		1		
HEALTH DEPT.		COLINTY	IDENCE (Where deceased lived if institution b COLINTY	Residence before odmission)
Poge		A C C O MARYLAND		
delay and 3 M3. Po		CITY OR TOWN ( I outside corporate .im ts, LENGTH OF STAY IN 1b CITY OR TOI write RURAL and give nearest town)	WN (If outside corporate limits, write RURAL	and give nearest town)
ond PM3.	1	MUREL - LAU	KCL	
		MAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADD		e IS RES DENCE ON A FARM?
1 s 5 e		1479 - Brockridge Kond. 1971	7-Brockerdye	LA YES NO. 8
offer death Gwe Page alang with with the State	3.	IAME OF First Middle Dahm Lost	4 DATE Month	Day Year
0 0		(ype or print) NOK DC-T UDIMIN	/ DEATH /	28 1961
offer alang alang	S. 5	5.5	A last sythelass) 4 36	F JNDER 1 YEAR F JNDER 24 HRS Nonths Doys Hours Min
5 - 8 - 4 t		W DOWED DIVORCED BY 70729	12 35 YIS	
with n 24 hours of pencing in Item 18 caminer's Office of the pages I and 2 haurs after death		SUAL OCCUPATION (Give kind of work done IDD KIND OF BUSINESS OR II BIRTHPLA	ACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
24 n l r's l es l		LABORER INGLINATE WAT	usau Wisc	
with n 24 penci n caminer's le pages havrs afti	13		MAIDEN NAME	
with pend Exami File po			ARTHA?	
at ii.	15 (Ye	was deceased ever in u.s. armed forces? 16 Social Security NO 17 INFORMANT 16 Social Security NO 17 INFORMANT	2 Rt. Address	1477 Au
ling' ling' edici	Ĺ	7,000	AUDUM BROCK	BRIDGER L KE
e execut pending of Medic sit perm		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART I DEATH WAS CAUSED BY	6	ONSET AND DEATH
should be e ne ward "per or the Chief I burial-transit		IMMEDIATE CAUSE (0) Lee a Contract el terre	Land Land	7
vard vard al-tr		DUE TO TO		Through ag
the war to the ta the burial- in any		Conditions, if ony, which gove nse to immediate couse (a),		
d in d		stoting the underlying couse DUE TO		
ertificate should writing the ward warded to the Cl sed as a burial-tic		los1 (c)		LIO ILAS AUTODOV
EXAMINER: This certificate should be ute the certificate, writing the ward "pure the chief your files.  Page 3 should be used as a burial-transi crematian, or removal, and in any event	NO	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERM NAL DI	SEASE CONDITION G VEN IN PART T(0)	19 WAS AUTOPSY PERFORMED?
This icate, be fo	CATI	DO TUSTOUR CALCETURE		YES NO 🔀
# _ O L	CERTATICATION	20b DESCRIBE HOW INJURY OCCURRED (Enter notice of PRIMARY   Or CONTRIBUTING	njury in Port or Port I of tem 8)	
NER: T certific shauld b files. I shauld	AL C	CAUSE OF DEATH	Tool 16	
EXAMINER: ute the certif age thauld by your files. Your files. Page 3 should cremation, or	MEDICAL	2Dx TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (HANDER) 4Dd foctory, Street, office	ome, form 20f (City or town) bldg , etc.)	(County) (State)
EXAM ute th uge 4 yaur yaur Page crema	2	p.m. 19 otwork otwork		
MEDICAL EX please execut director. Pag etained far y DIRECTOR: Pr r to burial, cr		21. I certify that I took charge of the remains described above, held an Autops		
actor. Partial. Period far. Puriol, buriol,			amic de 🔲, Undetermined mani	ner
MEDICAL I please exect I director. Per retained for to DIRECTOR: or to burial,		ACTUAL CONTRACTOR OF THE CONTR	MEDICAL EXAMINER	22. DATE SIGNED
		SIGNATURE MD ASSIS	TANT MEDICAL EXAMINER L	
		EXAMINER 3	TY MFDICAL EXAMINER K	9 16 57
DEP General Control of	230	RIDIA CREMATION 23h DATE THEREFOR AND AMERICAN OF CREMATORY	23d LOCATION (City of Johns)	((n/h)v) (State)
5 5 ± 2 5 ± 1	16	BEMOVA SPTI Subt 29 1967 FL Levely Come	willy formal 186	auchiranis
MA	24	LOUREN BLOOK STATES	270 REED BY REGISTRAR 25b REGIST	TRAR S SIGNATURE
VR A15ME (3)	1	FERMEN DULLOSS STO WASH BERNEY	ACT 3 1967 Kills	was Judges



MARYLAND STATE DEPARTMENT OF BEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11835 CERTIFICATE OF DEATH 11849 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY b. COUNTY The law requires that the death certificate be executed within 24 hours affect Anne Arundel MARYLAND Maryland Anne Arundel b. CITY OR TOWN (if outside corporate limits. c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate hmits, write RURAL and give nearest town) JIS ! write RURAL and give necrest town) Glen Burnie Glen Burnie eek d. NAME OF HOSPITAL DR INSTITUTION (If not in hospitol, give street address) campletely filled in d STREET ADDRESS e IS RESIDENC ON A FARM North Arundel Hospital YES NO -107 Glendale Ave NAME OF First Middle 4. DATE Lost Month Doy Year carban DECEASED Type or print DEATH Benjamin Davidson IF UNDER I YEAR IF UNDER 24 HRS SEX B. DATE OF BIRTH AGE (In years 6 COLOR OR RACE NEVER MARRIED 7. MARRIED lest birthdoy) Months Dovs Hours WIDOWED DIVORCED -4-80 Male White physician and 12. CIT ZEN OF WHAT 10o USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? please during most of working life, even if retired) INDUSTRY Town-Yale (Ret. Virginia 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, James R. Davidson Mary Whorley INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Same as (Yes, no, or unknown) (If yes give war or dates of service) Daughter' Mn 224-09-0221 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use CERTIFICATION of Health YES T NO [ PHYSICIAN: ō 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 1B.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20d. INJURY OCCURRED (County) TIME OF INJURY Month, Doy, Year factory, street, office bldg , etc.) Not While Hour a.m. at work ot work 21. I certify that (1) (this haspital) attended the deceased fram\_ 19.67, that (I) (we) last 67, and that death accurred at 1:22 4 M, from causes and an the date stated above saw the deceased alive an 22o. SIGNATURE 22b DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S A.deGuzman, MD. В. NAME (Type) 204 Crain Hwy. S. Glen Burnie, director, auld 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE THEREOF (County) (Stote) MENIOVAL (Specify) Glen Haven Memorial Sept. Glen Bunrie, Maryland 2So. REC'D BY REGISTRAR 2Sb 24. FUNERAL DIRECTOR VR A15 (4) Sinoleton Funeral ingleton Funeral Home Glen Burnie, Maryland

Electric day

Mine

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11850 PLACE OF DEATH ded 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission). a. COUNTY o. STATE b. COUNTY Anne Arundel PHYSICIAN: The law requires that the death certificate be executed within 24 hours after MARYLAND Pages the b. CITY OR TOWN (If outside carporate limits, write RURAL and give neorest tawn) c. LENGTH OF STAY IN 16 illed in by papers. Page c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) d. NAME OF HOSPITAL OR INSTITUTION (if not in haspital give street oddress) within 72 molouce Mid. House of Southern Ave orrection NO D NAME OF Middle DATE Year OF DEATH DECEASED Edward (Type or print) 19 SEX 9. AGE ( r years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** last birthdoy) Months Hours April 17. 1906. male WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind at work dane during most of work ng life, even it retired)

(ngineer Md. House of Correction 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT lease Maryland

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remaya Milton Deets Mary Weber 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give war ar dates of service) Mrs. Clara B. Deets 1920--1928 (Same) Yes crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONSET AND DEATH by the haspital ar attending physician. **DUE TO** Canditions, if any, which gove rise to immediate couse (a). **DUE TO** stoting the underlying couse this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 🖅 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Hour 'o.m. factory, street, office bldg , etc.) Not While of work 21. I certify that (I) (this haspital) attended the deceased from l = l1965 to 4-23 196 Z, that (1) (we) last ro Hospital or ATTEND Page 4 may be retained director, page 3 shauld shauld be filed with the M, from causes and an the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an 19 6.2, and that death accurred at\_ 22o. SIGNATURE DATE SIGNED ATTENDING DIRECTOR PHYS 22c PHYSICIAN'S 22d ADDRESS NAME (Type) 23a. BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) (County) (Stote) Baltimore National Baltimore. 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 196/ Ruck, Inc Baltimore, Md.



MARYLAND STATE DEPARTMENT OF HEALTH ET 18 Film Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11851 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admiss an) a. COUNTY a. STATE **b.** COUNTY Maryland Anne Arundel Anne Arundel MARYLAND and camplete y filled in by the t b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and a ve nearest town) requires that the death certificate be executed within 24 haurs of write RURA, and give rearest town).
Annapol Annapolis City d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 113 Ridgely Avenue Anne Arundel General Hospital NO D 3. NAME OF First Middle Last 4 DATE Month Doy Year **DECEASED** DICKSON DEATH September Bessie (Type or pnnt) 6. COLOR OR RACE IF UNDER 24 HPS S SEX B DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR 7 MARRIED NEVER MARRIED last birthdoy) Months Davs Hours WIDOWED XXX August 1. Negro DIVORCED 1890. Female 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR 11 BIRTHPLACE (County & Stote, or Foreign country) 12. CITIZEN OF WHAT during robst of working live, even if retired) INDUSTRY COUNTRY? Missouri U. S. 13 FATHER'S NAME TARMOTHER'S MAIDEN NAME IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give wor or dates of service) 1B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) NTERVAL BETWEEN PART I DEATH WAS CAUSED BY INSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause certificate has been the 19 WAS AUTOPSY PERFORMED? PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) YES X NO 200 ACC, DENT WAS UNDERLYING . 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM, NER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a m Not While factory, street, affice bldg , etc.) of work TO FUNERAL DIRECTOR: After 21 1 certify that (1) (this haspital) attended the deceased from be retained saw the deceased alive an September 2319 67, and that death accurred at M, fram couses and an the date stated above. 22a SIGNATURE 22b DATE S GNED. MED DIRECTOR M.D 22d. ADDRESS 22c PHYSICIAN'S director, pur NAME (Type) CHV.1811 121 1177From MZ 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION 23b DATE THEREO 23d OCAT ON (City or Town) (County)



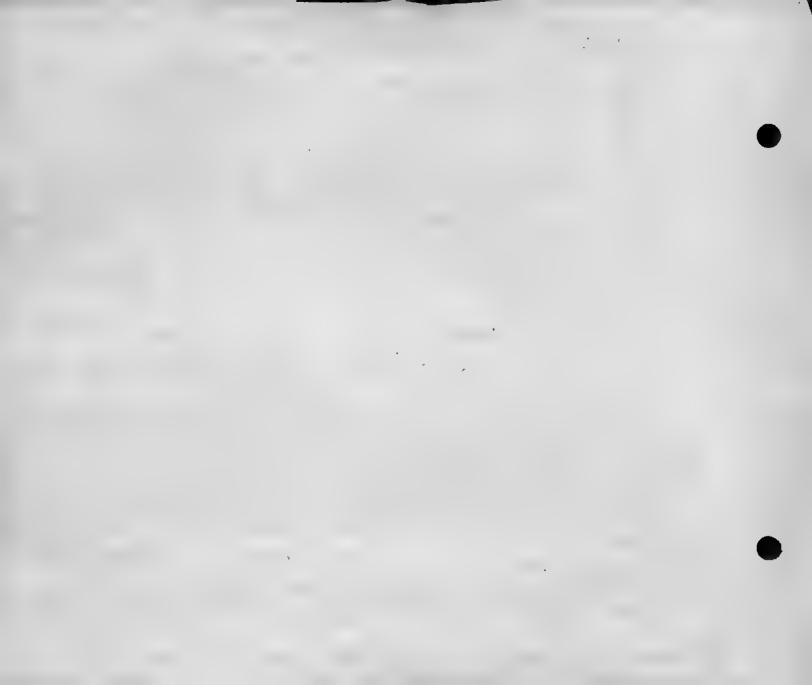
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11852 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral s 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where decreosed lived, if institution Residence before admission) o. COUNTY b. COUNTY NNE ARUNDE filled in by the fur papers. Pages 1 Mn 72 hours after, NNE ARUNDEL MARYLAND b. CITY OR TOWN (If outside corporate limits, E LENGTH OF STAY IN 16 c CITY OR TOWN outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town NNAPOLIS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM RUNDEL GEN, HOSP. YES 3. NAME OF Middle DATE Doy Year DECEASED 0F Dowgalski e contract (Type or pnnt) DEATH 19 S. SEX 9. AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HR 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Dovs Hours WIDOWED DIVORCED and in any 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even fretired) COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service ELANOL L. burral, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit 3 ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), **DUE TO** has been stoting the underlying couse as the prior to lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS' PERFORMED? CERTIFICATION of Mealth YES NO certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 should be detache should be filled with the State Dept MEDICAL 20c T ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Stote) (City or town) (County) FUNERAL DIRECTOR: After this Hour o.m. foctory, street, office bldg., etc.) Not While at work of work 21. I certify that (1) (this haspital) attended the deceased from 50 of 19<u>67</u>, to 1967, that (I) (we) last 1967, and that death accurred at 4:15AM, from causes and an the date stated above saw the deceased alive an\_ 22o. SIGNATURI 22b. DATE SIGNED M.D DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) CHARLES W. KINZER, M.D. MURRAY AVE, ANNAPOLIS, MD 23o. BUR AL, CREMATION 23b. DATE THEREO! NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Tombine 0 25o, REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH 11839 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11853 CERTIFICATE OF DEATH death. requires that the death certificate by executed within 24 hours after deoth the funeral puo PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, I institution Residence before admission) a. COUNTY o STATE b. COUNTY MARYLAND CLENGTH OF STAY IN 16 c CITY OR TOWN (If patside corparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, Write RURAL and give nearest town completely filled in by NAME OF HOSPITAL OR INSTITUTION (II not by bospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? NO X YES -NAME OF corbon First Midd e aston DATE DECEASED OF DEATH 6 event IF UNDER 24 HRS DATE OF BIRTH vegrs 7 MARRIED **NEVER MARRIED** remove birthdayl Months Days Hours in ony WIDOWED OIVORCED pillo TO USUAL OCCUPATION (Give kind of wark dane 10b KIND OF BUSINESS OR pleose INDUSTRY and 13 FATHER T NAME 14 MOSHERS MA DEN NAME or removal, ottending physoermit. Then F IS CWAS DECEASED EVER IN . S ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT knawn) (II yes give war ar dates af service) buriol, cremation, INTERVAL BETWE CAUSE OF DEATH (Enter on y one cause per line for PART | DEATH WAS CAUSED BY signed by the burial-tronsit p 朝 ONSET AND DEATH IMMEDIATE CAUSE (a) physicion, DUE TO Conditions, if any, which gave nse to immediate cause (a), DUE TO stating the underlying cause **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to last. PART II OTHER SIGNALANT CONDITIONS CONTRIBUTING TO DEATH BUTTINOT RELATED TO THE FERMINAL DISPASE CONDITION GIVEN AN PART WAS AUTOPSY PERFORMED? NO PC by the hospitol or 20g ACCIDENT WAS UNDERLYING 206 DESCR BE HOW INJURY OCCURRED TEnter nature of injury OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Hame larm, (City or town) 20d MULRY OCCURRED 20f (County) (State) Haur om. lactory, street, alfice blda . etc 1 While Not While TO HOSPITAL OR ATTENDING at work 21. I certify that (1) (this haspital) attended the deceased from Page 4 may be retained M. from couses and on the date stated above. (and that death accurred at saw the deceased alive an 19 6 220 SIGNATU ATTENDING PHYS MD DIRECTOR 22d ADDRESS 22c PHYSICIAN S NAME (Type EMETERY OR CREMATORY VR A15 (4) 25M 1/67



1	MARYLAND STATE DEPARTMENT OF HEALTH				
	<u> </u>	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 11841			
ES /A		Item #2c & d Film way 2 4/10, 21 ph	77854		
å.		COUNTY  2. USUAL RESIDENCE (Where deceased lived, if Institutions  o. STATE  b. COUNTY	Regidence before admission)		
ath 7	b	CITY OR TOWN (if outside corporate limits, write RURAL on	d give peered lown)		
5	ľ	eurite RURAL end give nearest town	n Alan project (peril)		
	-	NAME OF HOSPITAL ON INSTITUTION (if not in hospitel, give street eddress)  d. STREET ADDRESS	. IS RESIDENCE		
ment of	K	PY MANOR NURSING HOME Rt. #? Revell Hwy.	YES NO		
1	I	IAME OF First Middle Last 4. DATE Month	Doy Yeer		
	5 5	EX 16. COLOR OR RACE T MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In Yours 11F UNDER)	TEAR I IF UNDER 24 HRS.		
	``	Months   Months   Months	Deys Hours Min.		
	10a.	USUAL OCCUPATION (Give kind of work   1Db. KIND OF BUSINESS OR INDUSTRY   11, BIRTHPLACE (County & State, or foreign country   12, CIT	IZEN OF WHAT COUNTRY?		
	don	HOME HOUSEWIFE NEW TERSEY	4.5 A		
	13.	ATHER'S NAME			
	45	TRIES! ( WOODW)	9RD		
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT no. or nekown) [lives give were relates of service)	1		
	Ī	18. CRUSE OF DEATH [Enter only one ceuse per line (or (e), (b), end (c).]	INTERVAL BETWEEN		
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	ONSET AND DEATH		
		E C A DIETO DO TOTAL A STATE OF THE PROPERTY O	1. 0		
		Conditions, if any, which (b) Cholleythis Choru Facuty	fun dour		
		e), stelling the underlying DUETO			
	z l	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR			
1	ATIO		PERFORMED?		
	ETIE	De. ACCIDENT WAS UNDERLYING   ' 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of in usy in Part 1 or Pert II of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH			
	5	F EITHER, NOTIFY MEDICAL EXAMINER)			
	MEDICAL	Hour e.m.   While Not While fectory, street, office bldg , etc.)	anty) (State)		
		p.m. 19 at work to the structure of the			
		tt I certify that (I) (this hospital) attended the deceased from			
	1 1-	22. SIGNAJURE	22b. DATE		
		M D ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. Dep	1-91967 SIGNED		
1		NAME (TYPE) N SANITH	Ma		
ş	230	BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMEJERY OR CREMATORY   23d. LOCATION City, town or coun	(State)		
0		WRIDE 9-11-117 St. MARGARETS ST. MARGARET	+5 1/2		
n.	174	ADDRESS 250. REC'D BY REGISTRAR 256. BEGISTRAR'S	SIGNATURE		
62	a	hu M. Jaylos Tous (Innopoles, 14de DATESEP 1 3 1967 Mous	in come		
W					



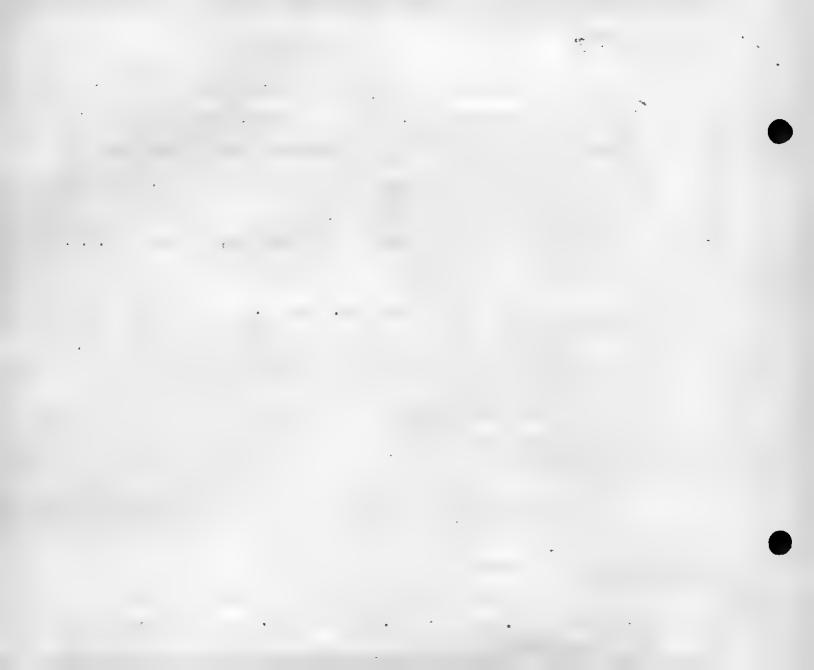


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11842 11856 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death, . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel Maryland Anne Arundel in by the fun ers. Pages 1 2 hours after of MARYLAND CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis Annapolis d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? campletely filled Anne Arundel General Hospital LLA Second St. NO IO ent, with 3 NAME OF First Middle Lost 4 DATE Month Doy Year DECEASED Edith **EVANS** September 19 67 Vernon 18 Type or print) DEATH SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years F UNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Dovs Hours Female White April 16, 1896 WIDOWED DIVORCED 10o. SUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT L BIRTHPLACE (County & State or foreign country) please NDUSTRY Marvlafid 13. FATHER'S NAME or remayal, 15 WAS DECEASED EVER IN ... S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or, inknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per one for (o), (b), and (c) PART 1. DEATH WAS CAUSED BY: NTERVAL BETWEEN signed by the burial-transit p burial, cremati CONSE AND DEATH IMMEDIATE CAUSE (o) 4201 DUE TO Tulauten Conditions, if ony, which gove tise to immediate cause (a). DUE TO stating the underlying couse has been ached far use as the ept. af Health priar ta lost. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 9 WAS AUTOPS)
PERFORMED? NO XX O FUNERAL DIRECTOR: After this certificate YES 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 20o ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (C by or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg , etc.) OR ATTENDING at work ot work 21. 1 certify that (1) (this layers ) attended the deceased fram\_ July , 19 63, ta Sept. 18, 19 67, that (I) (se) last be retained saw the deceased alive an Sept. 18 1967, and that death accurred at M. fram causes and an the date stated above. 220 SIGNATURE 2:30 PM 22b DAJES GNED ATTENDING M.D. DIRECTOR director, page shauld be filed PHYS PHYS 22d ADDRESS 22c PHYS CIAN S John L. Hedeman, M.D. NAME (Type) 1407 Forest Drive., Annapolis, Md. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (Stote) LUFF CON AL INNBPOLIS 25b REGISTRAR S SIGNATURE VR A15 (4) 1967 25M 1/67





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11844 CERTIFICATE OF DEATH ¥ 4 8 5 8 and 2 death. The faw requires that the death certificate be executed within 24 haurs ofter death funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY ve carban papers Pages 1 event; within 72 haurs after Anne Arundel MARYLAND Marvland Anne Arundel b CITY OR TOWN (If outside corporate limits, c CITY DR TDWN (If autside corporate limits, write RURAL and give nearest town) C LEAGTH, SHE SEAVE AN 16 write RURAL and give nearest town) Linthicum Glen Burnie d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address € d STREET ADDRESS#410 Forest View Road filled <sup>23Y</sup> MAN'K X. XSAIXIN KUSI XOKSA KARAKAKAX XSAIKK North Arundel Hospital 3. NAME OF Middle 4. DATE Last Year DECEASED (Type or print) DEATH Sept. B. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** ave lost birthdoy) Months WIDOWED DIVORCED 6-16-20 KIND OF BUSINESS OR 12 CITIZEN OF WHAT physician on ten pleose re oval and the 100 USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during most of working life even if retired) Union News Starkeville, Colorado 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or remova Albert Hilliard Victorial Overdowski 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no. or unknown) I(If yes give wor or dates of service) Mr. Jacob E. Finley (husband) 220 09 Same INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per ling-(or (a), (b), and (c).) burial-transit PART I, DEATH WAS CAUSED BY. signed by IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse as the priarta FUNIRAL DIRECTOR: After this certificate has been lost WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) FICATION be detached far use State Dept. af Health NO YES 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) (Slote) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg, etc.) Not While ot work ot work 21. I certify that (I) (this hospital) attended the deceased from 1962, that (I) (we) los 67, and that death accurred at saw the deceased alive on. M. from causes and an the date stated above 22b. DATE SIGNED 220 SIGNATURE STAFF PHYS **ATTENDING** director, page 3 DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) 230 BURIAL, CREMATION, REMOVAL (Specify)
Rurial Baltimore. Maryland National Cem. HOME 250. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Maryland DATE SE **VR A15** 20 M I



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11859 **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death ond i. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) a COUNTY o. STATE PROCESSION OF b. COUNTY Anne Arundel MARYLAND b CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 t CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Washington. Annapolis d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARM? and campletely filled Naval Hospital, Annapolis, Md. 7621-- Nichols Ave., SE Athin A YES | NO NAME OF Middle 4 DATE Month remave carban Last Year DECEASED OF DEATH 67 Edwin Francis Fogerty Sept. (Type or print) and in any event 9 AGE (In years lost birthday) S SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 24 HRS. IF UNDER 1 YEAR 7. MARRIED X NEVER MARRIED 28 Sept. 1893 Cauc. Male WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 100 JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Ret d. Col. physician ( INDUSTRY Washington, DC 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, Fogerty James Mary Manning WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 77. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service) 1640 Maud E. Fogorty-Wife-Srans Itum #2 Yus WW I 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY-ONSET AND DEATH ACUTE PULMONARY EDEMA IMMEDIATE CAUSE (a) \_ :O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. 4200 DUE TO CONGESTIVE HEART FAILURE @ || mos. Canditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying cause this certificate has been State Dept. of Health prior to ARTERIOSCLEROTIC HEART DISEASE 10+ years. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES [ NO X 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port It of item 1B) OR CONTRIBUTING 
CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) foctory, street, office bldg, etc.) Not While FUNERAL DIRECTOR: After 21. 1 certify that (I) (this haspital) attended the deceased fram <u>DOA</u>, 19, ta, 19, that (I) (we) lust saw the deceased alloware 15 SECT 67 19, and that death accurred at 6:35 M, from causes and on the date stated above. directar, page 3 shauld shauld be filed with the 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF 15 Sept. 1967 DIRECTOR M.D. PHYS. 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) M LCDR-MC USN Naval Hospital, Annapolic, 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMAT ON, DATE THEREOF 23d LOCATION (City or Town) (COLPTY) (Stote) REMOVAL (Specify) REC'D BY REGISTRAR FP 19 1967 mons Bros. -1661-Good Hope Rd SE Wash DC

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11860 11848 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTA o. STATE P COANTA MARYLAND b CHOPOR TOWN (If outside corporate limits, c LENGIH OF STAY IN 15 CITY OR TOWN itsele corparate limits, write RURA, and give nearest tawn) RURAL and give rearest town) requires that the death certificate be executed within 24 haurs our cluson d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give stress address) & STREET ADDRESS e IS RESIDENC ON A FARM? and completely filled Churchton NAME OF Middle 4. DATE Year remove carba DECEASED ŌF and in any event, (Type or print) DEATH 9. AGE (In year IF JNDER UNDER 24 HRS 7 MARRIED **NEVER MARRIED** DATE OF BIRTH st birthdox1 Months Dovs Haurs WEDOWED DIVORCED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT & State, or foreign country) attending physician permit. Then please INDUSTRY ATHER'S NAME MOTHER'S MAIDEN NAME crematian, or remayal, WAS DECEASED EVER NUS ARMED FORCES (Yes, no, or unknown) (If yes give wor or dotes of service) 1B. CAUSE OF DEATH (Enter only one cause per line signed by the burial-transit burial, cremati PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO Conditions, if any, which gave use to immediate couse (o), DUE TO ed far use as the L cof Health priar to t stoting the underlying cause by the haspital or attending has been lost. PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DIATH BUD NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (6) 19 WAS AUTOPSY PERFORMED? NO S O FUNERAL DIRECTOR: After this certificate 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of item) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJRY OCCURRED 20e. PLACE OF .NJURY (Hame, farm, 20f (City or town) (State) Hour om. Not While factory, street, office bldg. etc.) OR ATTENDING of work 21 I certify that (1) (this haspital) attended be retained should saw the deceased alive or , and that death accurred at OM, frant couses and on the date stated above 220 SIGNATO 22b. DATE SIGNAL ATTENDING DIRECTOR director, page 22d ADDRESS NAME (Type) 2Sb VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11847 CERTIFICATE OF DEATH 17861 OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate imits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town Annapolis Annapolis, Md. d. NAME OF HOSP,TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B IS RESIDENCE ON A FARM? campletely filled Naval Hospital, Annapdis, Md. Apt.205 Farragut Ct. YES NO K NAME OF Middle Lost 4. DATE Manth carbon Dov Year DECEASED BABY GIRL FRENCH September 14 19 67 (Type or print) DEATH S. SEX 9 AGE (In years JE UNDER 1 YEAR LIF LINDER 24 HRS 6. COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH NEVER MARRIED lost birthdov) Months 14 Sept. 1967 and in any Fema le Cauc. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, exertif retired) INDUSTRY Annapolis, Md. 13. FATHER'S NAME 14 MOTHERS MAIDEN NAME or remayal, Dennis O. French IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, ng, or unknown) (If yes give wor or dotes of service) burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMATURITY (7760) IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Canditions, if any, which gave rise to immediate couse (o). DUE TO stoting the underlying couse has been (c) 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) USE NO K certificate 20o ACC DENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (State) (COLPIV) Haur a.m. Nat While foctory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram\_\_\_\_\_\_\_, 19\_\_\_\_, that (I) (we) lass saw the deceased alive an 14 Sept. 19 67, and that death accurred at 1840 M, fram causes and an the date stated above director, page 3 shauld shauld be filed with the FUNERAL DIRECTOR: 220. SIGNATURE STAFF M.D DIRECTOR PHYS. 22d ADDRESS 22c PHYSICIAN'S NAME (Type SHIRLEY LCDR MC USN NAVAL HOSPITAL, ANNAPOLIS, MD. NAME-OF CEMEJERY OR CREMATOR) (County) BUR AL CREMATION DATE THEREO LOCATION (City or Town) (State) 0 VR A15 (4) 9 Po Home (Amhapo los Los Mo

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3 862 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and completely filled in by the funeral PLACE OF DEATH g o CAMPYe Arundel o. Maryland b. COWNIY? MARYLAND b CITY OR TOWN (If autside carparate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RdRAL and give nearest town)
Rural Baltimore Riverview. Lawnsdowne d NAME OF HOSPITAL OR "NSTITUTION (If not in haspital, give street address)

North Arundel Hospital d STREET ADDRESS IS RESIDENCE ON A FARM? 2902 Freeway, Rivervi w E E NO T NAME OF First Middle Last 4. OATE Month Year carbap DECEASED 9 67 Lillian Fritz 19 Type or print DEATH B. OATE OF BIRTH IF UNDER 24 HRS SEX 6 COLOR OR RACE 7. MARRIED X **NEVER MARRIEO** 9. AGE (In years IF UNDER 1 YEAR birthdoy) Hours 9-3-1889 in any WIDOWED OIVORCED. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT physician a during most of working life, even if retired) COUNTRY? United INDUSTRY States Maryland Housewife ome 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME removal, signed by the attending burial-transit permit. Th 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no grunknown) (If yes give wor or dates of service) Б 1B. CAUSE OF CEATH (Enter any one cause per line for (a), (b), and (c) PART I. OFATH WAS CAUSED BY ONSET AND CEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), OUE TO stating the underlying cause prior tal has been lost. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT\_CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO O FUNERAL DIRECTOR: After this certificate for be retained by the haspital 20g. ACCIDENT WAS UNDERLYING [3] 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I at Part II of item 18) OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Ooy, Year 20f. (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) Nat While ot work at wark . 19<u>6</u> 7 that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from 8/20 1967 and that death accurred at 6 1/1M. fram causes and an the date stated above. saw the deceased alive an. 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.O. DIRECTOR director, page 3 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) shaule **BURIAL, CREMATION** 23d. LOCATION (City or Town) REMOVAL (Specify) 25g REC'D BY REGISTRAR FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 196



MARYLAND STATE DEPARTMENT OF HEALTH 11 1 4 S Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11863 death. law requires that the death certificate be executed within 24 haurs after death. signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages I and burial, cremation, or removal, and in any evert, within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ANNE ARUNDET. MARYLAND MARYT AND ANNE ARUNDEL b CITY OR TOWN (if autside carparate limits, write RURAL and give nearest tawn) c CITY OR TOWN (if autside carparate limits, write RURAL and give nearest town) **CLENGTH OF STAY IN 16** RURAL-GLEN BURNIE 5 DAYS RURAL-GLEN BURNIE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM? NO F NORTH ARUNDEL HOSPITAL 458 PHIRNE COURT YES 🗔 NAME OF Middle First 4. DATE Lost Manth Day Year DECEASED (Type or print) TAMES. GASCOYNE DEATH SEPTEMBER 6 COLOR OR RACE F UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED 8 DATE OF BIRTH 9. AGE (In years NEVER MARRIED iast purthday) Months Davs Haurs DIVORCED WHITE PTEMBER 11.1874 MALE 10a LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Chemist INDUSTRY COUNTRY? Retired RICHMOND VIRGINIA

14. MOTHER'S MAIDEN NAME TISA 13. FATHER'S NAME Eliza Wilson WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. (Yes, no. or unknown) (If yes give war or dates of service Mrs Elizabexth Van Ormer Glen Burnée Md 220-07-8234 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6) attending physician. DUE TO Conditions, if any, which gave rise ta immediate couse (a). DUE TO stating the underlying couse director, page 3 should be detached for use as the last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO by the hospital or YES 20g ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIEY MEDICAL EXAMINER) 20c VIME OF INJURY Manth, Day, Year (City or town) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (County) (State) factory, street, office bldg , etc.) Hour la.m. Not While 21. I certify that (1) (this baspital) attended the deceased fram دريم الم Page 4 may be retained saw the deceased alive on and that death accurred at 6-M. fram causes and an the date stated above SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR 22d. ADDRESS 3 G PHY CIAN'S 1(1) ANKBOLLS NAME Type) Kalton 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial 9/19/67 Druid Ridge Baltimore, co. Md.

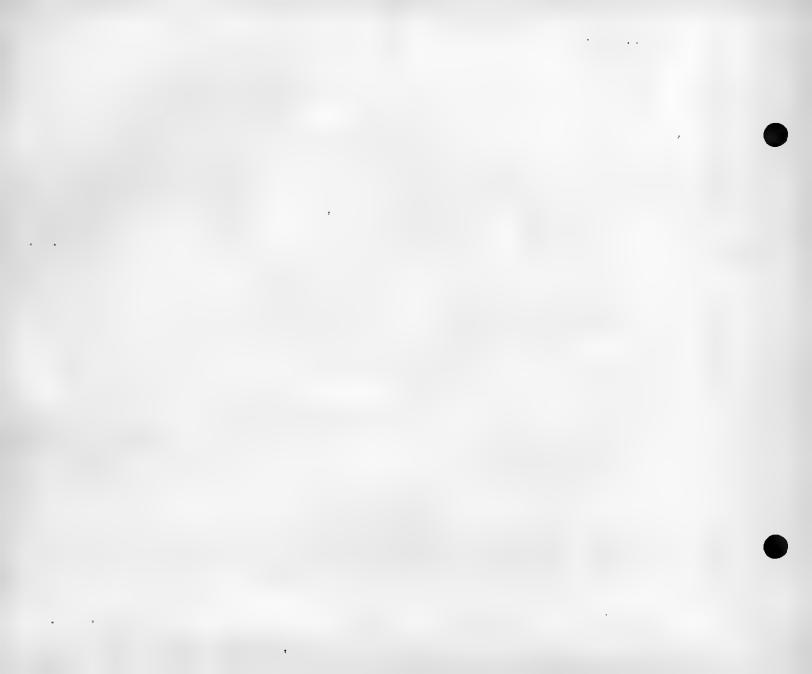
STRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR **VR A15** Ochanley work 20 M 1/66 Wm. Cook-Brooks Inc. Baltimore. Md. 21202



1	1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1		11850 CERTIFICATE OF DEATH	864
OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death	i deom	1. PLACE OF DEATH o. COUNTY Anne Arundel  2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before STATE b. COUNTY MARYLAND  MARYLAND  MARYLAND  Anne Arundel	
nurs afte	the ages rs aft	b CITY OR TOWN (If outside corporate limits, write RURAL and give near write RURAL and give near limits, wri	est town)
24 hc	papers.	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  o. STREET ADDRESS	e 15 RESIDENCE ON A FARM? YES NO L
·=		North Arundel Hospital 1204 B. & A. Blyd.	
d with	completely filled in by daye corban papers. Py event, whiten 72 hour	DECEASED (Type or point) William Adolph Gerland   OF DEATH September 9	19 67
xecute	and camp	S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR Months Days Months Days	
e be e	an and ase re	100 USUAL OCCUPATION (Give kind of work done during most of work in glife, even if retired)  10b KIND OF BUSINESS OR INDUSTRY  11 BIRTHPLACE (County & State, or foreign country)  12 CITIZEN COUNTRY  Home Building Baltimore Maryland U	¥ ?
rtrifical	physici en ple aval, a	13. FATHER'S NAME	<del>- 14- 14-</del>
oth ce	iding   t. Th	Louis Gerland  15 WAS DECEASED EVER IN US ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) life yes give wor or dates of service)	
der	ffer imi	(Yes, no. or unknown) (if yes give wor or dates of service)  No.   213-10-0742 Evelyn Gerland (Wife) As Abo	ove
not the	physician. signed by the attending physician and co burial-transit permit. Then please rema burial, cremation, ar remaval, and in any	PART I DEATH (Enter only one cause per line far (g), (b), and (c)  PART I DEATH WAS CAUSED BY  STATE OF THE CONTROL OF THE CON	NTERVAL BETWEEN
ures th	physician. signed by burial-tra burial, cre	Conditions, if any, which gave (b) Rollmoreller Ole Heat Bilene (b) Conditions (course (o))	fears
ïw reg	ding placen signature of the but the but to	storing the underlying couse   DUE TO   (c)	
The fo	Page 4 may be retained by the haspital ar attending for FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be defached far use as the shauld be filed with the State Dept. af Health prior ta	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	9. WAS AUTOPSY PERFORMED? YES NO
SICIAN	aspital certifical hed far t. of He	20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Ĝ. PE	be retained by the haspital  DIRECTOR: After this certifica  je 3 shauld be detached far ed with the State Dept. at He	20c. TIME OF INJURY Manth, Day, Year Hour a.m. 19   20d INJURY OCCURRED While of work	(State)
TENDIN	ned by Rr. After and by mild be the Steam	21. 1 certify that (1) (this pospilar) attended the deceased fram, 1962, ta, 1962, saw the deceased alive an, 1962, and that death accurred at, M, fram causes and an the d	that (I) (wa) last ate stated abave.
OR AT	IRECTO IRECTO 3 sho d with	220. SIGNATURE ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIR	GNED 0-67
	may b SRAL Di T, page T, page	22c. PHYSICIANY H. TOHERLINEY 22d. ADDRESS	
HOSI	O Fune director shauld	230 BURIAL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Countries of Countries of	
10	- 5 - 140	REMOVAL (Specify)  Burial 9/13/67 New Cathedral Baltimore Mary  24 FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR 25b REGSTRAR 5 SIGNAY	FURE
	VR A15 (4) 20 M 1/66	Raymond C. Fink Glen Burnie, Md. DATESEP 1 1 1967 ycharles	The state of the s



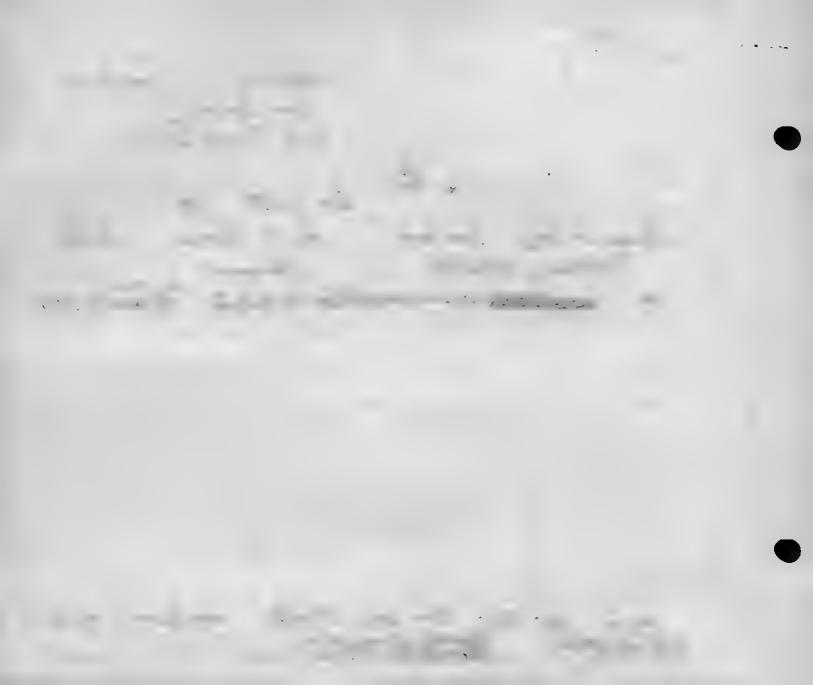
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11851 11865 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. ). PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel Anne Amindel Maryland MARYLAND c CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 illed in by the papers. Pag hith 72 hours o write RURAL and give nearest town) Glen Burnie Glen Burnie Silver Sands d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENC Rt I Box 290 North Shore Dr. North Arundel General Hospital YES NAME OF First Middle DATE Month DECEASED William Glass September 3. 67 (Type or print) DEATH 9. AGE (In years SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER I YEAR IF JNDER 24 HRS 7. MARRIED NEVER MARRIED X lost pirthdoy) Months Hours Male White Jan 21, 1 886 WIDOWED DIVORCED and in any and 11 BIRTHPLACE (County & State, or foreign country) 10o USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired)
Blacksmith COUNTRY? INDUSTRY attending physician sermit. Then please Maryland Α. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, Herrman George Glass Hannah 21061 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) Glen Burnie Mr. Carl Glass Rt 1 Box 290 crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSEJ AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO burial, Conditions, if any, which gove rise to immediate couse (a), **OUE TO** stating the underlying couse has been last. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NONE NO. certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING [ by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (County) (Stote) 20c TIME OF INTURY Month, Doy Year (City or town) Hour a.m. foctory, street, office bldg. etc.) Not While of work ot work \_\_\_ 21. I certify that (1) this haspital) attended the deceased from Sens from 1966, ta 1963, 1967, that (1) (we) las and that leath accurred at 217 M, from causes and an the date stated above 1967, that (1) (we) las Page 4 may be retained O FUNERAL DIMECTOR: saw the deceased alive an San 22o. SIGNATURE 22b DATE SIGNED STAFF PHYS. ATTENDING M.O. OIRECTOR PHYS. director, page 3 should be filed 22d. ADDRESS 22c, PHYSICIAN'S 6/on BUTHRAL NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE THEREOF BURIAL, CREMATION, (County) Cedar Hill Anne Arundel Co. Md. 24 FUNERAL DIRECTOR ADDRESS 250. REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 237 Patapsco Ave OATE SEP Mays: 2,1



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11852 11866 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. and physician and campletely filled in by the funeral en please remave <u>ca</u>rbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY Anne Arundel Anne Arundel MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 Millersville, Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? North Arundel Hospital GLEN/BUTANG ('MN) NO NAME OF Middle DATE First Lost Month DECEASED Hall Sept. John L. 19 67 event (Type or print) DEATH IF UNDER 1 YEAR S SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdoy) Male Negro WIDOWED 1-13-93 DIVORCED 10o. JSUAT OCCUPATION (Give k not of work done during inoct of working tite, eyenofretired) 10b. KIND OF BUSINESS OR 12 CITIZEN/OF WHAT 11 BIRTHPLACE (County & Stote, or foreign/guntry) INDUSTRY 13. FATHER'S NAME 14 MOTHER'S MAIDEN ANAM 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If wes give wor or dates of service) Patients Chart INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (p), (b). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying cause TO FUNERAL DIRECTOR: After this certificate has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS PERFORMED? ercic NO I for 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) 21. I certify that (1) (this haspital) ottended the deceosed from\_ 12-1967, and that death occurred at 150 M, fram dauses and on the date stated above saw the deceased alive on. director, page 3 sha shauld be filed with 22o. SIGNATURE ATTENDING M.D. 22d. ADDRESS 22c. PHYSICIAN'S Arundel Medical Group, Glen NAME (Type) Max Frank, M.D. 28c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF LOCATION (City of Town) (County) (State) VR A15 (4)-20 M 1/66 DATE



ESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND DEATH CERTIFICATE OF 1 1 86 H funera I. PLACE OF DEATE 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY and 2 MARYLAND b. CITY OR TOWN (if ouls de corporale limits. c. LENGTH OF STAY IN 16 OK TOWN (If outside corporate limits, write RUR executed within 24 write RURAL engigure peasest town filled NAME OF HOSPITAL d. STREET ADDRESS a. IS RESIDENCE ON A FARM? papers. in 72 ho completely NO [ YES NAME OF Day DECEASED OF within (Type or print) DEATH carbon 5. SEX pug 8. DATE OF AGE (In yours IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lest birthday] any event, Months WIDOWED DIVORCED physician remove 10e. USUAL OCCUPATION (Give kind of work 12 CITIZEN OF WHAT COUNTRY done during most of working life, even if blired! HOUSEWAL please and in 13. FATHER'S NAME attending Then The law requires that the remova, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. physician. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) the burial-transit cremation, DUE TO attending has been Conditions, if any, which gave rise to immediate cause DUE TO (e), steting the underlying the hospital or couse lest. DIRECTOR: After this certificate (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY detached for use as 0 CERTIFICAMON PERFORMED? prior NO 20s. ACCIDENT WAS UNDERLYING TO 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ; 20f. (City or town) (County) (Stelle) factory, street, office bldg., etc.) Hour s.m. While Not White at work al work 19 8 that (1) O State should from the causes and on the date stated above saw the deceased alive on and that death occurred 22e. SIGNATURE DATE **ATTENDING** TO FUNERAL, director, page 3 be filed with th HOSPITAL DIRECTOR PHYS. Page M.D PHYS. 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) LOCATION (City, 23e. BURIAL, CREMATION, REMOVAL (Specify) REGISTRAR



1		Division of STATISTICAL RESE	MARTLAND STATE DEF ARCH AND RECORDS, 301			ND 21201
	17950		CERTIFICATE	OF DEATH		31868
by the funeral Pages Land And Andread	1 PLACE OF DEATH a. COUNTY	Anne Anundel	MARYLAND	o. Si Waryla		Anne Arundel
papers Pages hin 72 hours after	b CITY OR TOWN write RURAL or	(If ourside corporate limits, and give nearest town Burnie,	c LENGTH DF STAY IN 16	Odent	orde corporate limits, write RURAL	and give nearest town)
Ĭ	l .	TAL OR INSTITUTION (If not in hospital,	*	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
4		Arundel Hospi	tal	Rt. 1	Box 1153	YES NO 🔀
1	3 NAME OF DECEASED (Type or print)	Rosie	Middle .	Hill	4. DATE Month OF 9	16 19 67
/	S SEX F	6 COLOR OR RACE 7. MARRIED WIDDWED	NEVER MARRIED 8	12-25-95	play birthdoy) Yrs.	# UNDER I YEAR IF JNDER 24 HRS. Months Doys Hours Min.
	100 USUAL OCCUPATIO		IND OF BUSINESS OR NDUSTRY		State, or foreign country)	12 CITIZEN OF WHAT COUNTRY? USA
	ts FATHER'S NAME	Taniel H	nokms	14 MOTHER'S MAIDEN NO	MA DA	1000
	15 WAS DECEASED EV (Yes, no, or Jinknown)	TER NUS ARMED FORCES? 16 (If yes give wor or dotes of service)	SOCIAL SECURITY ND	Lely 17	till Odle	entorial
burial, cremotian, or removol,	18 CAUSE OF C	DEATH (Enter only one couse per line fo	r (o), (b), ond (c))		1-	INTERVAL BETWEEN ONSET AND DEATH
	PAKE I, UE	ATH WAS CAUSED BY IMMEDIATE CAUSE (0)	Cardio Vasc	ular Accid	lent	GRISCI FARE DEATH
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	ase to immedia	te couse (o), ( DUE TO			1	
	stating the und	eriying couse				
1	PART II. OTHER	SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONT	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
×.	CATIO	U'nem				YES NO
	OR CONTRIBUTION	G 🗆 CAUSE OF DEATH Y MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED. (		· ·	,
	150	JURY Month, Day, Yeor 20d While m. 19 at wo	Not While focto	E OF INJURY (Hame, form, ary, street, office bldg., etc.)	20f (City or town)	(County) (Stote)
		ify that (I) (this haspital) atter	ded the deceased fram	7 ( 7/67 , 19	to 1/	, 19 <u>(7)</u> that (I) (we) la
	saw the	deceased alive an	U 1910 , and that	death accurred at_	M, fram causes ar	an the date stated abave 22b. DATE SIGNED
	220. 31011114	101 X.0.10	Quinc M.D	ATTENDING PHYS.	MED STAFF DIRECTOR PHYS.	210. 011/2 310112
/	22c. PHYSICIAN NAME (Typ	J.B.RA	MINER	22d. ADDRESS 3 4		
	230 BURIAL, CREMAN	ION, 23b DATE THEREOF	23c NAME OF CEMETERY OR C	REMATORY	23d, OCATION (City or Town	(County) (Scotor)
1	24. FUNERAL DIRECT	OR.	ADDRESS	V 1/1 Y		STRAR'S SIGNATURE
1	Wille	um Keele	HIMANA	JAMA DASEP	1 3 1967 400	carla Judas



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11869 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. funeral 1 pmd PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY b. COUNTY MARYLAND **b** CUTY OR TOWN c LENGTH OF STAY IN 1b c CITY OR TOWN (If aurside corporate limits, write RURAL and give nearest town) more in by (If not in hospital, give street oddress) d STREET ADDRESSe IS RESIDENCE ON A FARM? filled NO With. NAME OF Middle 4. DATE remove carbon completely DECEASED (Type or print) OF DEATH and in any eve 5 SEX 6. COLOR/OR RACE 7. MARRIED DATE OF BIRTHL IF UNDER 1 YEAR JE LINDER 24/HRS MARRIED last bythday) Months WIDOWED DIVORCED and 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 13 FATHER'S NAME 14. MOTHER'S/MAIDEN NAME busial, cremation, ar remayal, 15 WAS DECEASED EVER IN U.S. ARMED FORCES 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service CAUSE OF DEATH (Enter only one couse per line for (o); (b), and (c))
PART 1. DEATH WAS CAUSED BY. INTERVAL BETWEEN burial-transit ONSET AND DEATH euman IMMEDIATE CAUSE (o) signed by by the haspital ar attending physician. DUE TO arkinsonism Conditions, if ony, which gave rise to immediate couse (o). DUE TO stoting the underlying couse director, page 3 should be detached for use as the show d be filed with the State Dept. of Health prior to has been last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING FO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS) PERFORMED? NO O FUNERAL DIRECTOR: After this certificate PHYSICIAN: 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING A CAUSE OF DEATH enture of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Gr or town! (State) Hour om. 21. I certify that (1) (this haspital) attended the deceased from , that (1) (we) last O HOSPITAL OR ATTEND Page 4 may be retained , and that death accurred at 15 M. fram kauses and an the date stated above. 220. SIGNATURE 22b MED. DIRECTOR STAFF PHYS. PHYS. 230 BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) **SEMOVAL (Specify)** 



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11856 77870 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate irmits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 15 Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS ON A FARM? Anne Arundel General Hospital Dreams Landing ND X NAME OF Lost DATE carber DECEASED Clifton September event, (Type or print) HOLSTON 67 Warren DEATH 19 5 SEX IF JNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE ( n years F UNDER I YEAR lost birthdoy) Months and in any WIDDWED X 12, 1886 DIVORCED April White Male 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? U. S. Maryland Commercial Artist Outdoor Advertising 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial-transit permit. Then pl burial, crematian, ar remaval, attending phy: permit. Then p William H. Holston Lucinda Myers 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no prunknown) (If yes give wor or dotes of service Lucinda Langley 603 Dreams Landing IB. CAUSE OF DEATH (Enter on y one couse per signed by the cente un occardial in parction PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' by the haspital ar attending physician DUE TO ever ASCVO Conditions, if any, which gove rise to immediate couse (a), r this certificate has been si detached far use as the b te Dept. af Health priar ta b DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) phenmonifis; Cardiacarrest; Ribpoctures; 20o ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port L or Port L of item 18" OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM, NER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Hour to.m factory, street, office bldg , etc.) O FUNERAL DIRECTOR: After 21. I certify that (.) (this hospital) attended the deceased from US be retained 19 6 and that death accurred at 19 60 M from causes and on the date stated above saw the deceased alive an 9-220 SIGNATURE 22b DATE SIGNED STAFF PHYS M.D. PHYS 22d ADDRESS 22c, PHYSICIAN'S director, po NAME (Type) 1407 Forest Drive, Annapolis, Md. Verkouw M. D. 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) 230 BURIAL, CREMATION Cremation Ft. Lincoln Washington 18, D.C. 25b REGISTRAR 5 SIGNATURE 250 REC'D BY REGISTRAR VR A15 (4) Annapolis, Md. 21401 Hopping Funeral Home

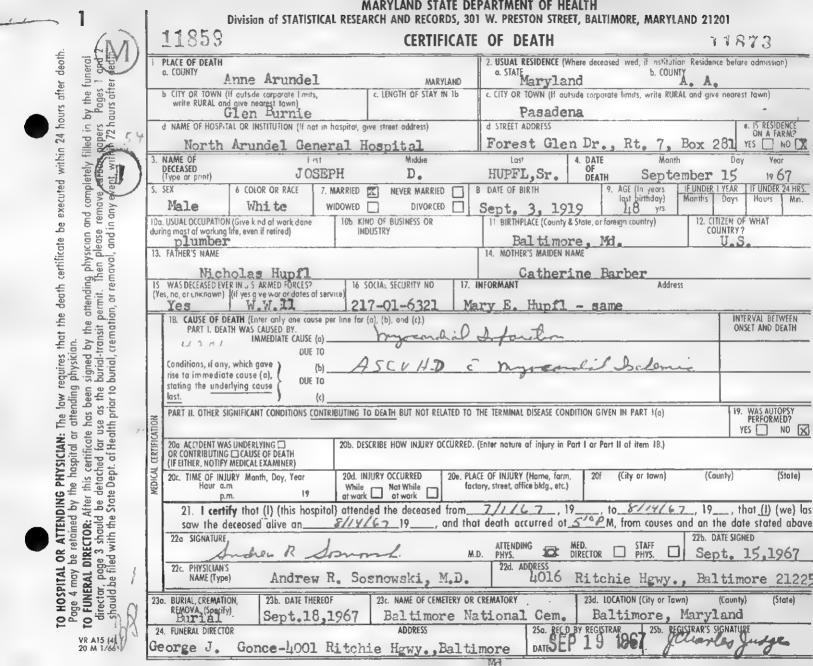


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death funeral : 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased eved, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY after MARYLAND Pages campletely filled in by the b CITY OR TOWN (If outside corporate I mits, c LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ALTIMORE d NAME OF HOSPIFAL OR INSTITUTION (If not in hospitol, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM I NO IX YES NAME OF Midd a DATE Month First Lost Doy DECEASED OF DEATH (Type or print) EDTEMBER 19 60 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (in years birthdoy) Months Days WIDOWED DIVORCED IDo USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 SIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF, WHAT d during most of working life, even if retired) please HouseRies 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending particular and the signed signed transit bermit. The 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
[Yes, no, or unknown) [(If yes give wor or dotes of service] INFORMANT 16. SOCIAL SECURITY NO. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove (6) rise to immediate cause (a). DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been ‡ lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO Ē 2Do ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office blag., etc.) Not While at work at work 21. 1 certify that (1) (this haspital) attended the deceased fram. shauld 27196 2, and that death accurred at M, fram causes and an the date stated above saw the deceased alive an. 22o. SIGNATURE 22b DATE SIGNED ATTENDING director, puy M D DIRECTOR PHYS. 22d., ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) DATE THEREOF LOCATION (City or Fown) BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d 23o. 236 REMOVAL (Specify) 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR/ REC'D BY REGISTRAR ADDRESS VR A15 (4) Milantes 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11872 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o. STATE b. COUNTY filled in by the fun papers Pages 1 Anne Arundel
b (ITY OR TOWN (If autside carparate +mits,
write RURAL and give nearest town) MARYLAND Maryland c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c JENGTH OF STAY IN 15 Crownsville Baltimore year 2 mon d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Crownsville State Hospital YES NO 🗔 304 N. Avenure 3 NAME OF Middle 4. DATE Lost Month Day Year DECEASED (Type or pnnt) DEATH Zeno Howard S SEX AGE (in year IF JNDER IF JADER 24 HRS 5 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Months Hours WIDOWED DIVORCED 7/21/07 White 1Do LSUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY Welder North Carolina TISA 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, ar remaval, Cora Rouse Divid Howard IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. Address (Yes, no, ar unknown) (If yes give war or dates of service) Hospital Records . Crownsville, Maryland No unknown IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Pneumonia IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave (b) rise to immediate couse (o), DUE TO stating the underlying couse as the last. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? hypertension, alcoholic D.T. NO DE 200 ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Hame, farm 2Df (City or fown) (State) 20c TIME OF INJURY Month, Day, Year (County) Hour a.m. foctory, street, affice bldg., etc.) Nat While OR ATTENDING at wark at work 21. I certify that (I) (this hospital) attended the deceased from 7/25 , 19\_66, to\_\_9/24/\_\_, 1967\_, that (i) (we) lost 19 67 and that death occurred of 30 M, from couses and on the date stated above. sow the deceased olive on 9/24/ O FUNERAL DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 9/25/67 DIRECTOR MD 22c. PHYSICIAN'S 22d ADDRESS O HOSPITAL NAME (Type) Crownsville State Hospital. Benedict -Maryland 23b DATE THEREO 230. BURIAL CREMATION. REMOVAL (Specify) 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR REC'D BY REGISTRAR







. 1	MARYLAND STATE DEPARTMENT OF HEALTH							
X "	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH							
death.	22070 OLIVITIONIE OF BEATTI							
death, death, death, death, death,	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY							
fter the s 1 fter	Anne Arungel Maryland Anne Arungel							
by 1 Page	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)							
hour hour s	Annapolis  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE							
n 24 hours after death y filled in by the funera papers. Pages 1 and 2 hin 72 hours after death	ON A FARM?							
E Se E								
mt, vale	3. NAME DF DECEASED (Type or print)  Esther  D. Thria DATE Month Day Year  Thria DEATH Sept. 9 1967							
executed within and completely remove carbon n any event, with	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BURTH   9. AGE (In. years if under 1 YEAR IF UNDER 24 HRS.							
xect and emo	female caus. WIDOWED DIVORCED 14ar 23 1905 62 yrs.							
ian se r	10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired)   11b. KIND OF BUSINESS OR   11b. BIRTHPLACE (County & State, or foreign country)   12c. CITIZEN OF WHAT COUNTRY?							
icate be executed within physician and completely in please remove carbon val, and in any event, with	teacher public school Bradford, Pa. USA							
ifica g ph en g	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME							
eath certifica attending ph ermit. Then in, or removal	Ailton Douel Susie Davis  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address							
e death c the atten it permit.	(Yes, no, or unkown) (If yes give war or dates of service)							
des file s	no   219-26-8257   Harvey W. Ihrig - same as #2 above   18. CAUSE DF DEATH [Enter only one cause per-line for (a), (b), and (c).]   INTERVAL BETWEEN							
E > 0 E	PART I. DEATH WAS CAUSED BY: Clark ferromagni dancuelly ONSET AND DEATH							
The faw requires that the or attending physician. ate has been sired by use as the buring transitation to burial, cremialth prior to burial, cremian	DUE TO							
phys sir surfa	Conditions, If any, which \ (b) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
requires to ding physics been sires the burial for to burial for the burial for t	gave rise to immediate cause (a), stating the DUE TO							
faw rattend has b e as t prior	underlying cause last, (c) / fy tracking the control of the contro							
r aff	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?							
inca finea for thea	YES NO TO SECRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.)							
OR ATTENDING PHYSICIAN: The law requibe retained by the hospital or attending INRECTOR: After this certificate has been ge 3 should be detached for use as the edwith the State Dept, of Health prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO  20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
IYSI e hc his ( tach Dept								
y the	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, Pom. 19   Not While at work   19   19   19   19   19   19   19   1							
DING Ped by the After Id be de State	21. I certify that (I) (this hospital) attended the deceased from \$\frac{1}{2} \tau_{\text{to}} \tau_{\text{to}} \frac{7}{6} \tau_{\text{to}} \frac{196}{7} \tau_{\text{that}} \tau_{\text{loss}} \tag{196}							
TTENDI etained STOR: A Should ith the S	saw the deceased alive on 10 and that death occurred at M from the causes and on the date stated above.							
REC:	228. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF P							
ay beay boage	M.D. PHYS. DIRECTOR PHYS.							
PITAL 4 may first, pagint, pag	1 22c. PHYSICIAN'S NAME (Type) Guillermo S. Linsao M. D. 1308 Furnac Branch Rd. Md. 21061							
TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)							
5 5 5 P	REMOVAL (Specify) Burial Sept. 13.1967 Baltimore National Baltimore Md.							
197	24. FUNERAL DIRECTOR ADDRESS 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE							
VR A15 (4)	HOPPING FUN RAL HOME 7 Anna offig, Md. DATSEP 14 1967 floorlas Jungo							



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11861 11875 death. law requires that the death certificate be executed within 24 haurs after death by the attending physician and campletely filled in by the funeral ransit permit. Then please remang-Carban papers Pages I and 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a. STATE b. COUNTY papers Pages 1 of thin 72 hours after a MARYLAND Maryland
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Anne\_Arundel b CITY OR TOWN (Il autside carporate limits. CLENGTH OF STAY IN 16 write RURAL and give negrest town) Crownsville Baltimore vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Crownsville State Hospital YES NO [ Lexington Street remave carbon in any event, with 3. NAME OF Middle 4 DATE Year DECEASED (Type or print) DEATH George Iackson SEX 6. COLOR OR RACE 8 DATE OF BIRTH 9 AGE (in years 7 MARRIED NEVER MARRIED (ast birthday) Months Days Hours June 10/1922 WIDOWED DIVORCED Negro TOg USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fore country) 12 CITIZEN OF WHAT COUNTRY? INDUSTRY Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bessie Hooper Nanley Jackson WAS DECEASED EVER IN ILS. ARMED FORCES? 37 INFORMANT 16 SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give war or dates of service) no none Hospital Records, Crownsville Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) burial-transit PART I, DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (0) Arteriosclerotic Cardio-Vascular Disease signed t DUE TO Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse has been s as the priar ta last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO O FUNERAL DIRECTOR: After this certificate of liver: alcoholism alcoholism Chronic Brain Syndrome.
205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of item 18.) far 20a ACCIDENT WAS UNDERLYING Page 4 may be retained by the hospital OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Manth, Day, Year (County) (State) Haur a.m. factory, street, affice blda., etc.) Not While at work at work 21. I certify that (1) (this hospital) attended the deceased from, , 19\_67, that <del>(1)</del> (we) last 19.60, to 9/7 1967, and that deoth occurred at 7:15 M, from causes and an the date stated above. saw the deceosed olive an\_ 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF  $\square$ 9/8/67 M.D. DIRECTOR PHYS page 3 PHYS 22c. PHYSICIAN'S 22d. ADDRESS director, po NAME (Type) Benedict, M.D. Crownsville State Hospital Maryland BURIAL, CREMATION 23b. DATE THEREO! NAME OF COMETERY OR CREMATORY JOCATION/(City or Town)/ (County) REMOVAL (Specify) 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 3 Charles DATESEP

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11862 11876 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) p. COUNTY b. COUNTY Anne Arundel MARYLAND Maryland b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) papers. rus write RURAL and give nearest town) Crownsville 19 years Baltimore filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? ent withm72 h Crownsville State Hospital 1059 Myrtle Avenue YES NO 3. NAME OF 4 DATE Month campletely DECEASED (Type or print) Arabel1 DEATH Jasper 5. SEX 9. AGE (In years 6. COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED **NEVER MARRIED** 8 DATE OF BIRTH lost birthdov) Months Dovs Hours WIDOWED DIVORCED Negro 9/8/94 pub 10o JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Domestic Work Virginia 14. MOTHER'S MAIDEN NAME U.S.A 13. FATHER'S NAME ar removal, unknown unknown IS WAS DECEASED EVER NUS ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service unknown Hospital Records, Crownsville Maryland burial, cremation, 18. CAUSE OF DEATH (Enter only one couse per me for (o), (b) and (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Pneumonia IMMEDIATE CAUSE (o) signed by O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. Dehydration and Inanition DUE TO Conditions, if ony, which gave rise to immediate couse (a), DUF TO r this certificate has been si detached far use as the b te Dept, af Health priar to b storing the underlying couse PART IS OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) SURGICALLY WAS AUTOPSY PERFORMED? NO T Schizphrenic Reaction TBC(?) old intestinal obstruction prepaired 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of term 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work 19 67, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from 11/26/ 19 48 to 9/7/ 19 67, and that death accurred at 12:05M, from causes and an the date stated above saw the deceased alive an # 9/7 TO FUNERAL DIRECT 22o. SIGNATURE 22b. DATE SIGNED M.D DIRECTOR 9/7/67 22d ADDRESS 22c PHYSICIANS director, pa shauld be f NAME (Type) Crownsville State Hospital, Maryland L. Benedict, M.D. 230, BURIAL, CREMATION. 23b. DATE THEREO! NAME OF TEMPLERY OR CREMATOR) -REMOVAL (Specify) SINUCA 24 FUNERAL DIRECTOR 250. REC'D BY REGIS

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 77877 funeral and 2 death death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) a. COUNTY the 1. a. STATE b. COUNTY after b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENCTH OF STAY IN 1b dompletely filled in by to ove carbon papers. Page y event, within 72 hours a hours Life Rural Severna Park Rural Severna Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 6. IS RESIDENCE ON A FARM? d. STREET ADDRESS Earleigh Hgts Rt 2 Box 400 Earleigh Hgts Rt2 Box 400 NO X executed within NAME OF Middie DATE Month Day Year DECEASED OF DEATH (Type or print) Jennings Sept Rosa Lee 19 19 6. COLOR OR RACE 8. DATE OF BIRTH ACE (In years IFUNDER 1 YEAR IFUNDER 24 HRS last birthday) Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED Months Days Hours certificate has been signed by the attending physician and hed for use as the burial-transit permit. Then please remort. of Health prior to burial, cremation, or removal, and in any 9-12-1896 WIDOWED Female Negro WII

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DIVORCED [ 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT requires that the death certificate be INDUSTRY COUNTRY? والمراجع والمراجع والمراجع والمراجع Amelia Co, Virginia U.S.A. Domestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henrietta ? Thomas Jackson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Newark. N. J. (Yes, no, or unknwn) (If yes give war or dates of service) \*\*\*\*\*\*\* 216-36-1410 Beatrice Brown 62 Demarest St Νo 18. CAUSE DF DEATH [ Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) aftending physician. Myocordial Infarction DUE TO Conditions, if any, which A.C.V.D. gave rise to immediate DUE TO cause (a), stating the underlying cause last. PHYSICIAN: The law CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES T NO X 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this certifi I be detached fo State Dept. of H DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part | of Item 18.) MEDICAL | 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) (State) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20f. (City or town) (County) e After ) Hour a.m. Not While at work While at work 967 DIRECTOR: A age 3 should lied with the S 1958 19 21. I certify that (I) (this hospital) attended the deceased from... 19. \_\_\_. that (I) (we) !as**t** .1967 and that death occurred at 6 P.M. from the causes and on the date stated above. saw the deceased alive on Q-16 22a. SICNATURE 22b. DATE SIGNED page ATTENDING PHYS. 9-19-67 DIRECTOR PHYS. HOSPITAL FUNERAL ADDR ESS TO FUNERAL director, p stlould be 1 22c. PHYSICIAN'S 22d. NAME (Type) Severna Park, Md Robert Hahn 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23c. REMOVAL (Specify) 9-23-67 Burial
24. FUNERAL DIRECTOR Town neck 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SICNATURE VR ALS (4)C.E. Hicks Ill Annapolis Md 20M 1/65

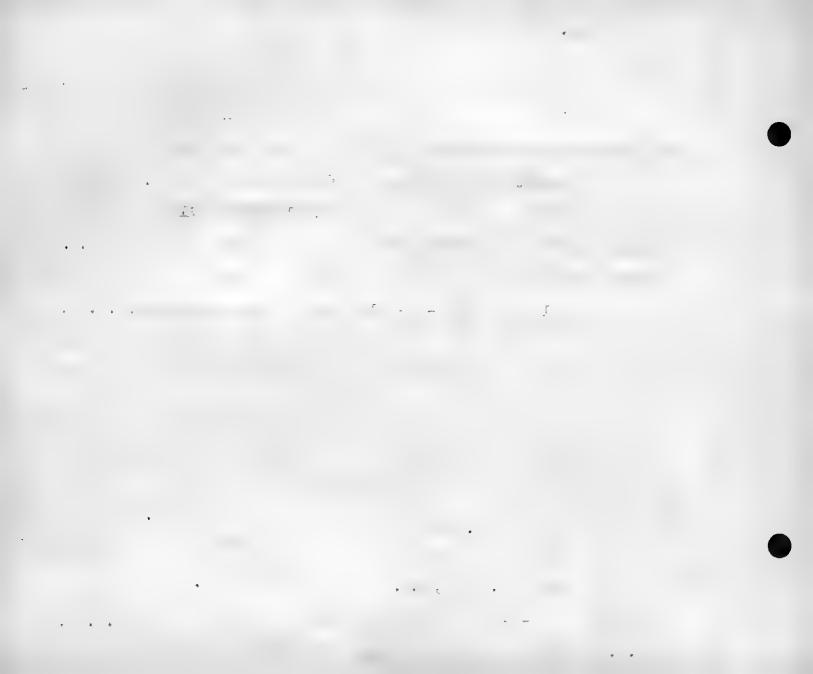
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11880 CERTIFICATE OF DEATH 11865 The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) ars after dear a COUNTY o. STATE b. COUNTY Anne Arundel MARYLAND Mary land Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 111111 Pasadena. filled in d. STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) North Arundel Hospital 201 Mission Street YES NO. NAME OF First Middle Lost 4. DATE Year Month Day carbon DECEASED 0F Gladys eptember 22 D. Johnson 19 67 (Type or print) DEATH S. SEX IF UNDER 1 YEAR IF LINDER 24 HRS 6 COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED lost-birthday) Months Hours 8-13-04 White WIDOWED and in any DIVORCED +Go USUAL OCCUPATION (Give xind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Home COUNTRY? physician Retired - Housewife Maryland 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME burial, crematian, or removal, en en Rertha Suehle Harry T. Donaldson 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates of service) Mrs. Helen Gross (sister) Glen Burnie, Mo none Unknown Па INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause as the of Health priar ta FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? for use NO D YES [ 20a ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (State) factory, street, office bldg., etc.) Nat While at wark at wark ্য 19\_\_\_\_, that (J) (we) las 21. I certify that (1) (this haspital) attended the deceased fram 4 . 19 ta\_ be filed with the and that death accurred at 12 50 m from causes and an the date stated above saw the deceased alive an 220. SIGNATURA 22b. DATE SIGNED M.D. DIRECTOR 22d. ADDRESS 22c PHYSICIAN S NAME (Type) AWNA POLIS NORTHBOURNE RD Balt director, spayld t 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) Auria. 67 Glen Haven Memorial 9 Pk Glen Aurnie, Maryland 2So. REC'D BY REGISTRAR VR A15 (4 Glen Surnie, Md. Home Funeral 20 M 1/66



11 1	MARYLAND STATE DEP DIVISION OF VITAL RECORDS, 301 W. PRESTO	
		OF DEATH
4 hours after death. in by the funeral ers. Pages 1 and 2 72 hours after death.	i. PLACE OF DEATH o. COUNTY Anne Arundel MARYLAND	2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o. STATE b. COUNTY Anne Arundel
the formal sources sources	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  MARYLAND  c. LENGTH OF STAY IN 16	Maryland Anne Arundel  ( CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
hours s. Py hour	Annapolis 1 day d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	RURAL - Edgewater
in 24 paper paper 25 C	Anne Arundel General Hospital	d. STREET ADDRESS  e is residence On a farm?  Muddy Creek Road  yes \square no [X]
xecuted withit committeely in move cocken in ye event, with	3 NAME OF First Middle DECEASED (Type or print) Samuel William	JOHNSON 4 DATE Month Doy Year OF DEATH Sept. 30. 1967
execute d comp move iny eve	Male Negro WIDOWED DIVORCED	B DATE OF BIRTH  9 AGE (n yeors   IF UNDER 1 YEAR   IF JNDER 24 HRS  1 (ast birthday)   Months   Days   Hours   Min
ote be (ion andion andion)	100 LSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Construction	11. BIRTHPLACE (County & Stote, or foreign country)  Anne Arundel Maryland  U.S.
rrifico physic en ple ovol,	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
e deoth certificote be execut offending physicion and com ermit. Then please remove on, or removol, and in any ev	(Yes, no, or unknown) (if yes give wor or dates of service)	Molly Brown  INFORMANT  Address  alter Johnson, Harwood, A.A.Co, Md
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death.  Page 4 may be retained by the hospital or attending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and commetely halled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cashan appears. Pages 1 and 2 should be state Dept. of Health prings to burial, cremation, or removal, and in any event, within 72 hours after death.	18 CAUSE OF DEATH (Enter only one couse per fire for (a), (b) and (c) PART I. DEATH WAS CAUSED BY.  1 IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which gove trise to immediate couse (a), stoting the underlying couse (b)  1 UCCARED TO DUE TO (c)	ruction, ause unsneum? Marian Parisers
V: The I or after but has lase as calth pri	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	YES NO K
rsicial ospitol certifica hed for	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Port or Port II of Item 18.)
VG PHYSICI / the hospit er this certif e defucted : ote Dept. of	20c, T.ME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 Ot While of work of work of work	ICE OF INJURY (Home, form, 20f (City or town) (County) (State)  Lety, street, office bldg, etc.)
TENDIN med by Rr. Afri suld be the Str		, 19 6/, ta Sept. 30 1967, that (1) (was last deoth occurred ofM, from causes and on the date stated obove
OR ATTENDING PHYSICIAN: be retoined by the hospitol or JIRECTOR: After this certificate is 3 should be detacted for u ed with the State Dept. of Heal	220 SIGNATURE Fellord Fr Marth M.	
SPITAL 4 moy 1 moy 1 pog 6 be fill	NAME (Type) Willard F. Smith, M.D.	Shady Side, Md.
TO HOSPITAL Page 4 may TO FUNERAL Edirector, pages to the fill	230. BURIAL (REMATION, REMOVAL (Specify) Burial 10-5-1967 Church of	God A.A.Co. Md
VR A15 (4) 25M 1/67	C.E. Hicks.111 43-NW St. Annapo	250 CEC D BY REGISTRAN 7 25 CEGISTRANS 5 GWATLES
V		

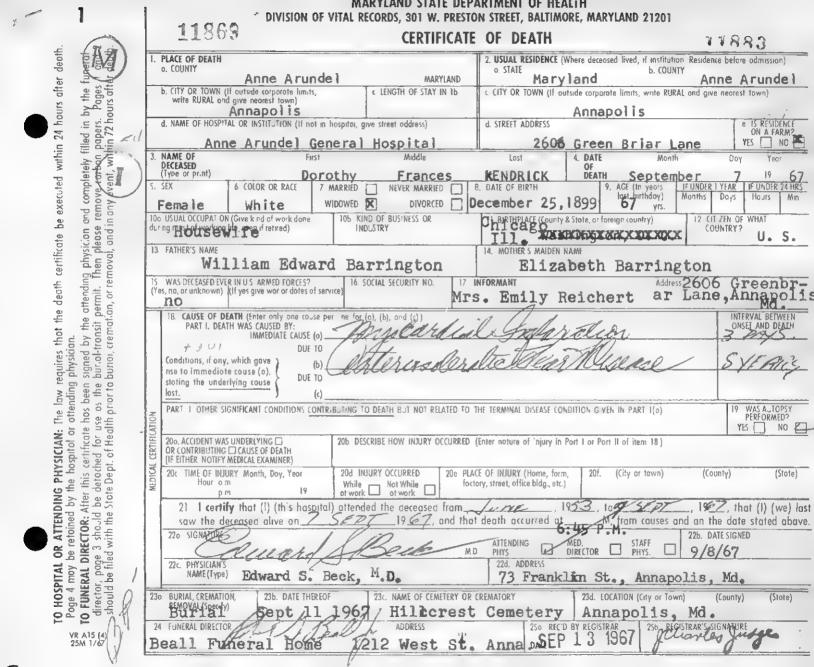


	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1. MARYLAND
	11867 Item #ld Film CERTIFICATE OF DEATH	77882
1. 1	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, COUNTY  A Co  MARYLAND  MARYLAND	
	o. CITY OR TOWN (if outside corporate limits, writa RURAL end give neerest town)  Writa RURAL end give neerest town)  (USO)  (USO)	rile RURAL and give nearest lown)
	NAME OF HOSPITAL OR INSTITUTION (it not in hospite), give street eddress!  Delivate Home  d. STREET ADDRESS  JV. UJUD.	E AVE ON A FAR
	NAME OF DECRASED (Type or print) STUFFT CUFTS MIDDLE OF DEATH SE	Fi 15 19 6
<i>)</i>	SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18 DATE OF BIRTH  9. AGE (In you lost birthdo)  WIDOWED 19 DIVORCED 19/1/39 3.4, 1903 4 yrs.	Months Deys Hours Mit
der	USUAL OCCUPATION (Give kind of work led during most of working life, even if retired)  ENICTION  (CONSTRUCTION)  MICHIGAN	12. CITIZEN OF WHAT COUN
	STUART CLARK JOHNSON BERTHA CURT	L.F
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address, no, or unknown) (If yeargive were orderes of service) 178-09-0177 1. FS 11/14 1011115017 (1/15/11/16)	UX-TOP PA.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c)]  PART I. DEATH WAS CAUSED BY,  IMMEDIATE CAUSE (e)	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF	19. WAS AUTO PERFORME YES NO
- 1	206 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Hour e.m. p.m. 19 20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, fectory, street, office bidg., etc.)	(County) (Stel
	saw the deceased alive on fifth. 19.2, and that death occurred at f M, from the causes	s and on the date stated above
	22e. PHYSICIAN'S NAME (TYPEN)   ATTENDING MED. STAFF PHYS.    22e. PHYSICIAN'S NAME (TYPEN)   ATTENDING MED. PHYS.    22d. ADDRESS   ADDRESS    22d. ADDRESS    22	Jufit 16, 6
	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. COCATION (City, REMOVAL (Specify)	town or county) (State)
_/	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1 250. REC'D BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
	HORDESTE FUNERAL LIGHTE GLOSVILLE MY DAINSEP 19 1967	Oliveredo. Ondos



MARYLAND STATE DEPARTMENT OF HEALTH . DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11879 CERTIFICATE OF DEATH Villed in by the funeral and 2 pages 1 and 2 pitin 72 hours after deeth PHYSICIAN: The law requires that the depth certificate be executed within 24 hours after depth PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel Marvland MARYLAND Anne Frundel b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) r CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 Arnold, Maryland Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? anne Arundel Giniral Hospital Joyce Lan YES NO Z 3. NAME OF **IO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and complete y director, page 3 should be detached for use as the burial transit permit. Then please remote earbon should be filed with the State Dept. af Health prior to burial, cremation, or removal, and in any event, with Lost 4 DATE Month Dov Year DECEASED
(Type or print) OF DEATH JOYCE Loui.a September 19 17 6. COLOR OR RACE 7 MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED Months Doys Hours December 27, WIDOWED IX White DIVORCED Female 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).)
PART I, DEATH WAS CAUSED BY.
Shock INTERVAL BETWEEN ONSET AND DEATH Shock IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove Intestinal obstruction nse to immediate couse (o), DUE TO stating the underlying couse Fibrous band compressing the ileum. 19 WAS AUTOPSY PERFORMED? YES X NO PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 200 ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter notute of injury in Port I or Port II of item 18.) be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER) 20c TME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (State) Hour o.m. Not While foctory, street, office bldg., etc.) ot work ot work 21 I certify that (1) (this haspital) attended the deceased from saw the deceased alive an and that death accurred at 10:150M. fram causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** 9-26-67 PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL (REMATION (Stote) FUNERAL DIRECTOR VR A15 (4) 25M 1/67 1961







MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11885 11871 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) O STATE MAD o. COUNTY b. COUNTY Page 2 y delay is MARYLAND (foutside corporate limits Glen C LENGTH OF STAY IN 1b c (ITY OR TOWN (if outside corporate imits write RURA, and give nearest town) d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE Examiner's Office along with farm ON A FARM? Weentil Hon in pencil in Item 18. Give Pages NO S **EXAMINER:** This certificate should be executed within 24 haurs after death M ddle DATE Year DECEASED OF DEATH 19 6 7 (Type or print) S SEX 9. AGE (In years lost birthday) IF JNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED Months Dovs and in any event within 72 hours after death WIDOWED DIVORCED 10g. USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fore an country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Baltimore Maryland
14 MOTHER'S MAIDEN NAME Steel Reth II S A 13. FATHER'S NAME Leo J. Kinsey, Sr. Lottie Elizabeth Warfield 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECUR TY NO 17 INFORMANT (Brother) 7808 Harbor Dr. shauld be farwarded to the Chief Medical (Yes, ng. or unknown) (II Raymond Kinsey Orchard Beach Balto. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY Aurlen IMMED ATE CAUSE (o) writing the ward DUE TO Cand tions if any, which gave rise to immediate couse (a), DUF TO stating the underlying couse 9 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) crematian, or removal, please execute the certificate. NO J 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (State) foctory, street, office bldg , etc.) Not White may be retained far your FUNERAL DIRECTOR: Page at work 21 1 certify that 1 took-charge of the remains described above, held an Autapsy nspection and in my opinion death resulted from Undetermined manner Matural causes . Accident Suicide [ Homicide funeral directar CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER Neath prar DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, fown or county) the 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BUR AL CREMATION 0 REMOVAL (Specify) Maryland len Haven Memorial Pk. Glen Burnie, 9/19/67 Burial

Glen Burnie, MarylandauSEP

24 FUNERAL D RECTOR

Richard V. Singleton

VR A15ME

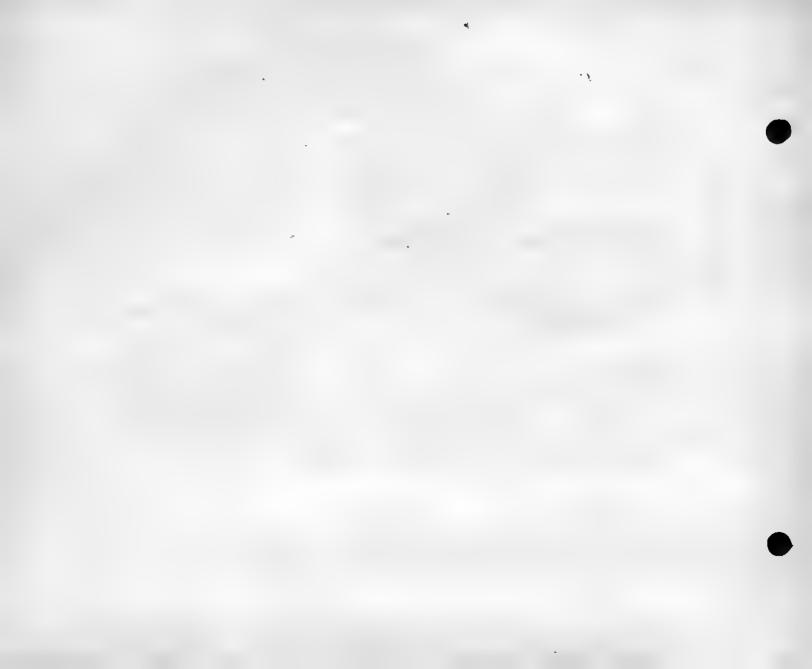
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3.7	1	MARYLAND STATE DEPARTMENT OF HEALTH			
1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
	2 84 =	11872 CERTIFICATE OF DEATH			
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	hours in by irs. P	CREWISTILE SMEZ S/14/6/ BSHZ1/MORE 6			
	requires that the death certificate be executed within 24 hours after death g physician.  signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave farbeth papers. Pages/ and a burial, cremation, ar remaval, and in any event, mitural hours after death	d NAME OF HOSPITAL OR INSTITUTION (It not in hospital give street oddress) d STREET ADDRESS  CROWN STILLE State Hospital 4820 CREENCREST ROAD YES NO			
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	e bi ase	dung most of working the event retried as BRETT CARS ITCH BALTIMORE MY			
	fical ysici	13. FATHER'S MAINE 14. MOTHER'S MAIDEN NAME			
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	ding ding	15. WAS DECEASED EVER IN L. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address  (Yes, no, or unknown) (If yes give wor or dates of service)			
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	equires that the death certificate be exec physician. signed by the attending physician and co burial-transit permit. Then please rema burial, cremation, ar remaval, and in any	IB CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c) PART I, DEATH WAS CAUSED BY ONSET AND DEATH			
	that in. by t ans rem	PART I. DEATH WAS CAUSED BY PNEUMONIA ONSE AND DEATH			
	sicio ed l al-tr	Conditions, it only, which gove ) BUE TO CHRONIC BRAIN SYNT ROLE ASS. & ARTERIOSSI CZOCIS			
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	ing Feen Feen To	PART I. DEATH WAS CAUSED BY:  1 MMEDIATE CAUSE (a)  4500  Conditions, it ony, which gove prise to immediate cause (a), stating the underlying cause last.  (c)  PNEUMONIA  PNEUMONIA  PNEUMONIA  (b)  CHRONIC IRRAIN SYNT) ROLE ASS. E PRIKRIOSCI E ROSS.  (c)			
	fend fend s be as 1 prial	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT PETATED TO THE FERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 129 WAS AUTOPSY			
	HYSICIAN: The law re haspital ar attending is certificate has been ached for use as the ept. af Health priar to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(o)  19 WAS AUTOPSY PERFORMED?  YES NO PROMED?  YES NO PREFORMED?  YES NO PROMED?  YES NO PREFORMED?  YES NO PREFORM			
	AN: of o of o ficat for Heo	200 ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.)			
	SSIC Sspirit eartiff bed t. of	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	DING PHYSIC by the haspii fer this certi be detached State Dept. of	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f (City or fown) (County) (State) Hour a.m.			
	JING by th ifter the be de State	p.m. 19 of work   of work			
	NDI NDI d b d b d b e St	21. I certify that W (this haspital) attended the deceased from 1/4/67, 19 to 9/3/67, 19 that W (we) last			
	TITE COR TOR The th	sow the deceased diple dri			
	Page 4 may be retained by the haspital ar attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhould be filed with the State Dept. af Health priar to burial, cree	ME MELLICITIES MAD PHYS DIRECTOR PHYS 226 DATE SIGNED 226 DATE			
	AI C L DI L DI file	22c PHYSICIAN S 22d ADDRESS			
	ERA de	NAME (Type) LASENE JICT M.D CONNER STEEL REOPITAL			
	Page 4 may O FUNERAL director, pa	230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Cry or Town) (County) (Stote)			
	20 20 0	Butial ///6/ Cedar HT/Com /TIT. Co., Wel.			
	VR A15 (4) 25M 1/67	24. FUNERA. DIRECTOR  ADDRESS  250 RECD BY REGISTRAR 250 REGISTRAR'S SIGNATURE  MCCuller France 146 1 30 F Fort His pass FD 5 171071 Charles Justices			
	25/11/07	McCully tuneral Hond 30 & Fort HOR DASEP 5 1961 forwards grantes			



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 11884 HEALTH DEBT-USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) PLACE OF DEATH b COUNTY ANNE ARUNDEL a COUNTY ANNE ARUNDEL o STATE 2, and 3 to PM3. Poge Maryland <u>ö</u> MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate I mits write RURA, and give nearest town) b. C TY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) St. Margaret's St. Margaret's d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? form White Hall Road White Hall Road ate YES NO ofter deoth 3 NAME OF DATE First Manth Doy Year DECEASED 100 OLIVER 28. K. KNAUTH September 10 67 Give (Type or print) DEATH Big. S SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 55 36 vr Haurs JONE 1912 Male White WIDOWED DIVORCED This certificate shauld be executed within 24 hours 10a USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) 106 KIND OF BUSINESS OR BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT INDUSTRY WRITER e, writing the word "pending" in pencil in forworded to the Chief Medical Examiner's pencil 13 FATHER'S NAME 14. MOTHER'S MAIDEN event within 72 hours 17 INFORMANT IS WAS DECEASED EVER IN J. S. AR (Yes, na, ar unknawn) (If yes give war ar dates of service ROOT. C. CABOT 2 PLEASAUT J. J. NATUCK, MAY 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH ol-fransi† PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (g) Hypertensive and arteriosclerotic cardiovascular DUE TO disease Canditions, if any, which gave use to immediate couse (a). .⊑ DUE TO stoting the underlying cause as a ond i removol, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) WAS ALTOPSY PERFORMED? NO X 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of Item 18.) PRIMARY CONTRIBUTING CAUSE OF DEATH 20a PLACE OF INJURY (Hame, farm 20c T.ME OF INJURY Month, Day, Year 20d INJRY OCCURRED (City or town) (County) (State) factory, street, office bldg., etc.) Haur a.m. FUNERAL DIRECTOR: Page 21 | certify that I taak charge of the remains described above held an Autapsy Inspection X Inquiry and in my apinian prior to burial, death resulted fram-Natural causes X. Undetermined manner the funeral director. Accident . Su cide . Ham.ade CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER SIGNATURE Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER September 28, 1967 **EXAMINER'S** Health Address (Street, city, tawn, ar county) NAME (Type) 230 BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 0 REMOVAL (Specify) 24 FUNERAL DIRECTOR FUNERALHOUE, BALTO., MD. VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH



	1	MARYLAND STATE DEPARTMENT OF HEALTH			
	FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  11872 MEDICAL EXAMINER'S CERTIFICATE OF DEATH  18877			
H	FUN STATE !	man die U S V			
•	≥ 8 . ₽	e. STATE b. COUNTY			
	essan r. Pag files. ent o	b. CITAGE TOWN (If outside corporate limits, c. LENG(H OF STAY IN 15, c. CITY OR TOWN (if outside corporate limits, and give nearest town)			
	はなず世	furthe RURAL and give nearest town)			
	of is nector for your Departme death.	d. NAME OF HOSPIFAL OR HYSTITUTION-HIS GOI In hospital, give alreat eddress)  d. STREET ADDRESS  d. STREET ADDRESS  i. IS RESIDENCE			
	40	104 Hatton Duve 104 Hatton Duve VES NO IX			
	t any co	J. NAME OF First Middle Last 4. DATE Month Day Year			
:	h. If any co	(Type or print) LRANK NOSEPH KOPECKY DEATH 9-16 1967			
r		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS			
V	E S C E	WIDOWED DIVORCED 1 1 - 2 1 - 21 4 Lyra Mollins Says			
		10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY			
TA.	Pages (3. Pe ages event	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME			
1 7	- 2 2	Frank & Kerceche Kulleh			
0 :		15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. ENFORMANT			
X .	ten 18. with fo with fo permit.	(Yes, no, or unkown) (Ifyosgive war or detes of service) 507124664 Mrs. Wartha Eller Kopecky			
		OS. CAUSE OF DEATH [Enter only one sause per line for (a), (b), and (c).]			
٠. ا	X A C A	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  ONSET AND DEATH  ONSET AND DEATH			
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1)	should g", in p s Offic a buria on, or	Gondillons, if eny, which (b) Allefalled (Cyrical Course)			
		(e), stetling the underlying DUE TO			
4	"pendin xaminer xsed as cremat	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY			
5	S P W S E	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORM PERFO			
( F	e significant	20e. EXTERNAL CAUSE WAS PRIMARY DO OF CONTRIBUTING CAUSE OF BEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in part I of Perful of item 18.)			
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É	writing Chief / Page 3 s	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, fayin, Hour s.m., Yeer While Not While fectory, street, office bldg., etc.)  While Not While et work of work of the work of			
7	R: P; v and gent	P.m. 9.16 1967 of work of work & Same THEO MID			
7	certificate, rded to the ECTOR: nated age	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion			
( )	cert arde anaț	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .			
	the DIR Jesig	ACTUAL CHIEF MEDICAL EXAMINER			
	Curte for the first of the firs	SIGNATURE			
1000	esse execute the certifica should be forwarded to FUNERAL DIRECTO salth or its designated a	EXAMINER'S NAME (Type)  Address (Street, city, town, or county)			
		22e. BURAT, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. 10CATION (City, town, or county) (Siete)			
ç	J⊈45∓	Purial 9-21-6/ arlington Mat & arlinger Va.			
	VR A15ME	24. FLINERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE			
	5M 1/63	Solvert D. Genauso, Severna Vail, DATEP 25 1961			
		KOBERT S. BARRANCO "nd"			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11888 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death dea PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased leved, if institution, Residence before admission a. COUNTY a. STATE 6 COUNTY cien and completely filled in by the fur ease remave carban papers. Pages 1 and in any event, within 72 haurs after Anne Arundel

b CTTY OR TOWN (If autside corporate limits,
write RURAL and give nearest tawn) MARYLAND Maryland c CITY OR TOWN (IF autside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b d. NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) 4 vears Baltimore e IS RESIDENCE ON A FARM? YES MO F Crownsville State Hospital 14 Broadship Road Middle NAME OF 4 DATE DECEASED Type or print) DEATH Effie Koser 9 AGE ( n years S. SEX DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED 180L 1Da USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 17 BIRTHPLACE (County & State, or foreign country) PENNSVLUANIA 13 FATHERS NAME attending phy permit. Then IH, RETALLICK burial, crematian, ar removal 17 INFORMANT 16. SOCIAL SECURITY NO IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give wor or dates of service Hospital Records, Crownsville Maryland unknown unknown INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) )
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE (AUSE (a) Acute ulcerative cystitis O HOSPITAL OR ATTENDING PHYSICIAM: The law requires the Page 4 may be retained by the haspital or attending physicion. DUE TO Conditions, if any, which gave (b) Acute bilateral pyelonephritis with abscess formations rise to immediate cause (a), DUF TO stating the underlying couse as the ( Intertrochanteric fracture left hip(operated) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART I (a) 19. WAS ALTOPSY PERFORMED? Chronic Brain Syndrome associated with Cerebral Arteriosclerosis, NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd INSURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City ar town) (County) (State) 2Dc. TIME OF INJURY Manth, Day, Year Hour a.m. factory, street, officerbldg., etc.) Not While at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram 10/23 . 19.63 to 9/19 . 19.67, that (1) (we) las 19 67, and that death accurred at 6:30 M, from causes and an the date stated above saw the deceased alive an 9/19 22b DATE SIGNED 22a. SIGNATURE STAFF ATTENDING DIRECTOR MD PHYS 9/20/67 22d ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) C. Dorkan, M.D. Crownsville State Hospital, Maryland 23a BURIAL, CREMATION EMOVAL (Specify) REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11875 CERTIFICATE OF DEATH 11889 requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY c. CITY OK TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 16 write RJRAL and give pegrest tayin) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENC Ξ. ON A FARM filled NO YES NAME OF DECEASED OF DEATH SEPTEMBER 15 19 (Type or print) physician and campiet en please remave car burial, crematian, ar remaval, and in any even AGE (In veors DATE OF BIRTH 7. MARRIED **NEVER MARRIED** last birthday) 3-26-83 DIVORCED WIDOWED 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11, BIRTHPLACE (County & Stote, or foreign country) during most of working tite, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) signed by the a 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH PNEUMONI HYPOSTATI IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. DUE TO PYELONEPHRITIS WIBSCESS Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse be detached far use as the State Dept, of Health priar ta has been lost. 9 WAS AUTOPSY PERFORMED? YES NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION INA N / 770K CHIZONIC BRAIN SUNDROME 20o ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) TO FUNERAL DIRECTOR: After this Hour 'o.m. factory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased from 19 67 19 . 7, that (1) (we) last -9-15 1967, and that death accurred at 6 55 M, fram causes and an the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** director, page 3 shauld be filed v MD 22d. ADDRESS PHYSICIAN'S AKSHMAN RAO C ROWSUILLE STATE HOS PIT NAME (Type) 23d. LOCATION (City or Town) (State) BUR AL, EREMATION REMOVAL (Speafy) TISSELS roadway BULLG FUNERAL DIRECTOR 250 REC'D BY REGISTRAR VR A15 (4) 25M 1/67



	MARYLAND STATE DEPARTMENT OF HEALTH				
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
FOR STATEN A	11875 MEDICAL EXAMINER'S CERTIFICATE OF DEATH				
HEALTH DEPTY 1	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission)				
at as at a s	o COUNTY Anna Grundel MARYLAND O. STATE TOXOS 6. COUNTY Dallas				
delay and 3 M3. Paç	b CITY OR TOWN (If autside carparate limits, C LENGTH OF STAY IN 1b C CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)				
f way delay is 1, 2, and 3 ta m PM3. Page	write RURAL and give nearest tawn)  Glen Burnie  Mesquite				
	d NAME OF HOSP TAL OR INSTITUT ON (If not in hospitol, give street address)  d STREET ADDRESS  e S RESIDENCE ON A FARM?				
lf form form	North Arundel Hospital 4821 Jandre 47nn Dr VES 1 NO 1				
24 havrs after death 1. In Item 18 Give Pages r's Office along with far es land 2 with the State office death.	3 NAME OF First Middle Last 4 DATE Manth Day Year				
o ve de la se la	OFCEASED (Type or print) Barney, T. Long OF DEATH 9 / 1967				
afte 8 Gran	S SEX 6 COLOR OR RACE 7 MARRIED 1 B DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR 1F NDER 24/GR)  S SEX 6 COLOR OR RACE 7 MARRIED 1 B DATE OF BIRTH 1 9 AGE (In years FUNDER 1 YEAR 1 F NDER 24/GR)  Manihs Days Hours Mn				
orth	WIDOWED DIVORCED 2/4/V2 7765 5 yis				
hat The Office of the Control of the	10a, US, A, OCCUPATION (Give kind af work dane during mast af working life, even if retired)  10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country)  11c CITIZEN OF WHAT COUNTRY?				
24 .n. ar s	Maintanance A.T.&S.F.   Big Springs, Texas   USA				
within pencil kominei ile page					
Exo File 2 ho	George W. Long Mary Ann Abney  15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address				
uted g" in gg" in nut.	(Yes, no, or unknown) (If yes give wor or dates of service) 525/05/4299 Mrs. Ethelee Long Same As # 2				
e executed within 24 haurs in pending" in pendi in Item 18 st Medical Exominer's Office cast permit. File pages Land 2 vithin 72 hours after death	18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))				
be executed within "pending" in pencil in pencil in the Medical Exomine mist permit. File pagent within 72 hours in	PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute Colonary Thom faces ONST AND DEATH				
shauld be en word "pe carthe Chief burial-transit any event	4201 DUE TO				
the the any	Conditions, if any, which gave ) (b)				
the state of the carbon	rise to immediate causo (a).  stoling the underlying couse DUE TO				
vertificate shauli writing the wor warded ta the sed as a burial- val, and in any (	[ast (c)				
LEXAMINER: This certificate should be executed within 24 hours after death. If ceute the certificate, writing the word "pending" in pend! In Item 18 Give Pages 1, Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm or your files.  R: Page 3 should be used as a bunal-transit permit. File pages 1 and 2 with the State De 1, cremation, or removal, and in any event within 72 hours after death.	PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19 WAS AUTOPSY PERFORMED?				
EXAMINER: This cert ute the certificate, wringe 4 shauld be farwayour files. Page 3 shauld be used cremation, or removal,	YES   NO				
rer: This certificate, rould be for les. shauld be to the shauld be to the control of the contro	20a EXTERNAL CAUSE WAS 20b DESCR.BE HOW N.URY OCCURRED (Enter nature of injury in Part or Port II of item 1B)				
ase execute the certific rector. Page 4 shauld b anned for your files. RECTOR: Page 3 shauld o burial, cremation, or r	CAUSE OF DEATH  CAUSE OF DEATH  COUNTY Manth Day, Year 20d INJURY OCCURRED 20 PLACE OF NUVRY (Manne, form 20f (City ar fawn) (County) (State)				
MIII the 4 sl ur file notin	20c TIME OF INJURY Manth Day, Year Hour a m.  p.m. 19 at wark of wark to the wark of wark to the wark of wark to the wark to t				
EXAM ute th age 4 yaur Page cremol	21. I certify that I taak charge of the remains described above, held an Autopsy, Inspect on, Inquiry, and in my apinii				
MEDICAL EXAM please execute th I director. Page 4 retained for your. DIRECTOR: Page or to burial, cremo	death resulted from:/ Natural causes , Accident , Suicide , Hamicide , Undetermined manner				
rse (sector mined)	CHIEF MEDICAL EXAMINER				
Me dur dur to tr	ACTUAL SIGNATURE MD ASSISTANT MEDICAL EXAMINER 22. DATE SIGNE				
TY, TY, Errol be pring	EXAMINER'S DEPUTY MEDICAL EXAMINER P				
TO DEPUTY MEDICAL EN necessory, please execution the funeral director. Pog S may be retained for y TO FUNERAL DIRECTOR: PHealth prior to burial, or	NAME (Type) (101/P3 F4, W1, NT), M. (A)dress 'Street city tow or county)				
O E The A F I Hed	23a BURIAL (REMATION, REMOVALISPECTY)  23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON ICity or Tuwn) (County) (State)				
	Burbal Sept. 6,1967 Edgewood Cemetery Edgewood Texas  24 FUNERA DIRECTOR ADDRESS 250 RECD BY REG STRAR 250 REG STRAR S SIGNATURE				
VR A15ME (5) 6M 1/67	R.V. SINGLETON, GLEN BURNIE, MD. DATE SEP 5 1987 Yourses Judges				



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
g g	11877 CERTIFICATE OF DEATH					
Pon	1. PLACE OF DEATH   2. USUAL RESIDENCE (Where deceased hyad, if institution: Residence before adm ss					
5 K	a. COUNTY Anne Arundel MARYLAND a. STATE Maryland b. COUNTY Anne Arundel					
A	b. CITY OR TOWN (if outside corporate limits.					
G T	write RURAL and give nearest town) Annapolis life Annapolis					
P e e	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS  o. IS RESIDER					
	1125 Eastport Terrace 1125 Eastport Terrace					
123 6	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED					
E E	(Type or print) ANTONETTE WONNE LOWE DEATH Sept. 15					
with	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In yours   IF UNDER 1 YEAR   IF UNDER 24 H					
를 들는 다른	Female Negre WIDOWED DIVORCED Jam. 25,1936 31st birthday) Months Days Hours Mi					
Cian Ove eve	10a. USLAL OCCUPATION (Give kind of work done during most of working life, even if reliefed)					
12 yru 12 yru 13 yru 14 yru 15 yru 16 yru 17 yru 18	NONE ****** Arrapelis, Maryland U.S.					
45 E	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME					
를 돌 하	Charles Lewe Ethel Strickney					
al, a	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT Address ANTIQUE   16. SOCIAL SECURITY NO. 17. INFORMANT					
JO 70	Ne 214-56-0299 Hattie Ferrester - 1125 Eastpert Terrace					
Se la	18. CRUSE OF DEATH [Enter only one cause per lineyor (a), (b), and (c).]  [INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH					
D 0 0	PART DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH					
in i	334 X DUE TO					
Erra S Frra	Conditions, if any, which \ (b)					
g'in '	gave rise to immediate cause [a], stating the underlying DUE TO					
has de britial	causa last. (c)					
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTO					
2 8 8 P	[E]					
P	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part t or Part II of Item 18.)  OR CONTRIBUTING CAUSE OF DEATH  Of Iff Either, NOTIFY MEDICAL EXAMINER)					
<b>電影</b>	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
He He	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)  Hour a.m.  While Not While Not While at work at work at work at work at work at work.					
of the second	Hour a.m. While Not While sat work at work at work					
E S S S	21. I certify that (I) (this hospital) attended the deceased from 19 to 9 to 9 to 9 to 19					
: [문문] 후	saw the deceased alive on 9-1 (-1)					
St. St.	22b. DA					
L L	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 4-(5-6)					
S S S S S S S S S S S S S S S S S S S	22c. PHYSICIAN S NAME (Type) A TO ATTEN  22d. ADDRESS Cathedral Street, Annapalis, Md.					
FUNERA sctor, pag filled with	NAME (Type) A.T. ALIEN Cathedral Street Annapolis, Md.					
Filed Filed	236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State)					
SCAR PAGE	Buria Sept. 18-67 Brewer Hill Annapelis, Md.					
R A15 (4) A	24 FUNERAL SURFCTOR'S SIGNATURE ADDRESS 250, REC'D BY REGISTRAP, 250, REGISTRAP'S SIGNATURE					
ISM 7/61 13/18/	C.E. Hicks III Annapelis, Md. DATE SEP 2 2 1961					



4 1	Ite.s a x 7. Im +57 (MARYLAND STATE DEPA	IN STREET, BALTIMORE, MARYLAND 21201
FOR STATE	11878 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
HEALTH DERTY	1. PLACE OF DEATH	2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission)
2 0 8 2 V	o. COUNTY  Anne Arundel MARYLAND	o. STATE Maryland b COUNTY Anne Arundel
Po out	b CITY OR TOWN (If autside carperate imits, C LENGTH OF STAY IN 16	c (ITY OR TOWN (if autside carparate firmits, write RURA, and give nearest tawn)
de dand was the time	write RURAL and give nearest tawn)	Annapolis
2, and 3 to PM3 Page	RURAL - Annapolis D.O.A.	d STREET ADDRESS 6 IS RES DENCE
= - E - 3	d NAME OF HOSPITAL OR INSTITUTION (IL net in nospital, give street address)  (Dead on arrival)	ON A FARM?
hours after deoth If any delay tem 18. Give Pages 1, 2, and 3 Office along with form PM3 Pouland2 with the State Deportment in death.	Annè Arundel General Hospital  3 NAME OF Fust Middle	
e S Po	DECEASED	Lost OF Month Doy Year OF September 1 1967
er de Sive P Ming wi	(Alpha o part)	8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
within 24 hours after deoth pencil in .tem 18. Give Pog caminer's Office olong with le poges Lond 2 with the Sta nours ofter death.		inst hirthdox) Months Doys Hours Min
hours tem 1 Office ond 2 death	Male White WIDOWED DIVORCED A	pril 12, 1941 26 yrs 11. BIRTHPLACE (Stote or foreign country) 12 (ITIZEN OF WHAT
off Off I on	during most of working life even if retired) INDISTRY	COUNTRY
24 h Lin 34 er's O ges To ofter	Mechanic Maintenance -Stat	Maryland U.S.
executed within 24 and ng 'n pencl in Medicol Examiner's t permit. File poges within 72 hours ofte	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
will be hold	John M. Mayhew, Sr	Marry C. Como
ted ol E	(Yes, no. or unknown). (If we give wor or dates of service)	NFORMANT Address
edice string str	no 216-36-7100 Mr	s. Betty "ayhew - same as #2 above
nauld be executed within 24 word "pending" in pencil in the Ch'ef Medical Examiner's rial-tronsit permit. File pages ony event within 72 hours offe	18. CAUSE OF DEATH (Enter only one couse per line for (4), (b), and (c)) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
ons ons	MMEDIATE CAUSE (o) MISKOW INS	all the state of t
shauld be en word "per or the Chief or the Chief burial-transit on ony event or the chief or the	DUE TO FAMILY OR	Att is all leave let 1
shau e wo o the ourial	(and t ons, if any, which gove ) (b)	rangur surveduce
afte of the date o	stating the underlying couse DUE TO	Lesson.
writing trworded recorded as a col, and	last. (t) [t]	- Puestra
	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?
Certificate, oud be fares.  es.  shauld be to the in, or remon	200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED PRIMARY PO'C CONTRIBUTING C	YES NO NO
결국 골드	ZOO EXTERNAL CAUSE WAS     PRIMARY ☑ OF CONTRIBUTING □     PRIMARY ☑ OF CONTRIBUTING □	(Enter noture of injury in Port I or Part II of tem 18.)
# # # # # # # # # # # # # # # # # # #		CE OF INJURY (Home, form 20f (City or town) (County) (State) ory, street office bldg , etc.)
XAM the the the ge 4 your your coge	2:25 xxx 9/1 1967 While hot While K High	thway Anne Arundel Md.
L EXA xecute Poge for you OR: Pog al, crem	21. I certify that I taak charge of the remains described abave, he	ld an Autapsy 🗍 , Inspection 🔯 , Inquiry 🗍 , and in my opinion
MEDICAL EXAM eose execute tr director. Poge 4 stained for your DIRECTOR: Poge to burial, crema	death resulted from Natural causes , Accident X, Suici	ide, Hamicide Undetermined manner
MEDICA p eose e I director retained DIRECT or to buri	100 10 /. a	CHIEF MEDICAL EXAMINER
p e d l d,	SIGNATURE WILLIAM SIGNATURE	M D ASSISTANT MEDICAL EXAM NER 22. DATE SEGNED
UTY,		DEPUTY MEDICAL EXAMINER XX
o DEPUTY MEDICAL necessary, p eose ex the funeral director. \$ may be retained f o FUNERAL DIRECTO	NAME (Type) Albert L. Anderson, M.D.	Annapolis Md.
O P P P P P P P P P P P P P P P P P P P	230 BURIA., CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR	(REMATORY 23d LOCATION (City or Town) (County) (Stote)
	Burlar Specify) Sept. 4, 1967 St. mary's	
VR A15ME (5)	24 FUNERAL SIRECTOR & ADDRESS	250 REC D BY REG STRAR 25b REG STRAR'S SIGNATURE
6M 1/67 113	lopping Funeral Mome - Annapelis, Md.	DATE SEP O ISO



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 200 deat and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY hours after MARYLAND ew Jecsel b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. GITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) UNS papers, d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled carbon papers ent, within 72 I d. STREET ADDRESS IS RESTDENCE ON A FARM? NO YES executed within letely NAME DF Middle DATE Month Day DECFASED DF (Type or print) DEATH 19 remove or any eve 5, SEX 6. COLOR OR RACE MARRIED OATE OF BIRTH NEVER MARRIEÓ D 9. AGL (in years I I F UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Days Hours WIDOWED **DIVORGED** Dyrs. attending physician ermit. Then please room, or removal, and in 10a. OSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE 12. CITIZEN OF WHAT (County & State, or foreign country) certificate be INDUSTRY COUNTRY? uno 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAM WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN 17. Address has been signed by the atten as the burial-transit permit. prior to burial, cremation, or death (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), INTERVAL BETWEEN ONSET AND DEATH (b), and (c), The law requires that the PART I. DEATH WAS CAUSED BY: !MMEDIATE CAUSE (a) retained by tile hospital or attending physician. **DUE TO** Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. has (c) CATION PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use f Health 19. **DIRECTOR:** After this certificate age 3 should be detached for use led with the State Dept. of Health PERFORMED? 2 YES NO T CERTIFI PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While OR ATTENDING p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) fast saw the deceased alive on and that death occurred at M, from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED 22b. ā director, page should be filed v ATTENDING PHYS. MED TO HOSPITAL C Page 4 may 1 M.O. DIRECTOR PHYS. TO FUNERAL PHYS(CIAN'S 22c. 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, Jawn or county) (State) 23d. REMOVAL (Specify) FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11893 11880 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. Pages J and 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Anne Arundel MARYLAND Maryland Anne Arundel by filled in by the fundamental papers. Pages within 72 hours after b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 1h c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town). Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE Anne Arundel General Hospital 25 W. Washington St. YES NO TO NAME OF Middie First 4 DATE Day Year DECEASED (Type or print) Matthew Tashew 30 Tammy September 67 DEATH 19 remove tor S. SEX & COLOR OR RACE 9 AGE ( n years DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED XX lost birthday) Months Days Sept . 30, 1967 Female Negro WIDOWED DIVORCED and 10a USUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? INDUSTRY Anne Arundel, Maryland Newborn 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar removal, attending phy permit. Then ( Ormond Matthew Betty Ann Coates IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17 INFORMANT Address CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit burial, cremati PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove nse ta immediate cause (a). DUE TO stating the underlying couse by the hospital ar attending as the prior to b has been last PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? NO FUNERAL DIRECTOR: After this certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of impage in Part 1 or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TiME OF NJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form 20f (City or town) (Stote) Hour om foctory, street, office bldg., etc.) Not While of work ATTENDING at work 21. I certify that (I) (trisches well) attended the deceased from Sept. 30 , 1967 , ta Sept. 30 1967, that (I) (300) last be retained saw the deceased alive an Sept. 30 1967, and that death accurred at M, fram causes and an the date stated above 220 S GNATURE 22b DATE SIGNED DIRECTOR PHYS PHYS. director, page 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) Jonathan McC. Sutton, M.D. 201 Forbes St., Annapolis, Md. (County) 0 250 REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15

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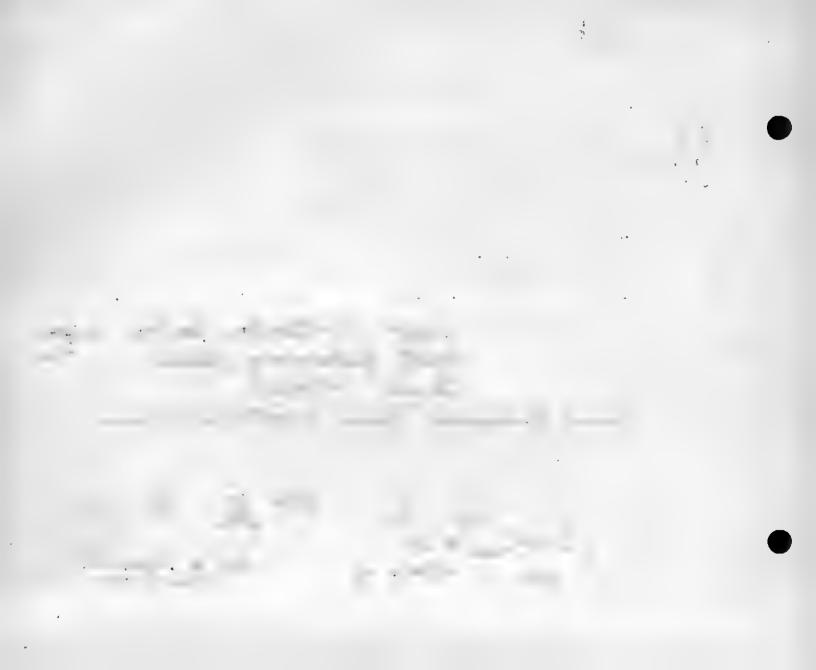
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11896 deat PLACE OF DEATH 1. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY yscial and completely filled in by the iplease remove carbon papers. Pages 1, and in any event, within 72 hours after Anne Arundel MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Pasadena filled in rasadena d. NAME OF HDSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rte. 7, Box 328. Grey's Creek Road Rte. 7. Box 328. Grey's Creek /ee • NO executed within 3. NAME DE Month DECEASED 1967 DEATH Sept. (Type or print) Melvin AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Male WIDDWED DIVORCED I Sept. 1889 78 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) **COUNTRY?** 1BA Ret. Baltimore -Employed The law requires that the death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME han been migned by the attending plines as the burial-francit mermit. Then prior to burial, cremation, or removal Unk. John Melvin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes. no. or unkown) | (If yes give war or dates of service) Yes same as INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: Mosey OR ATTENDING PHYSICIAN: The law remuires that the retained by the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating the underlying cause last, certificate ham CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for se NO K 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) Page 4 may be retained by the mospite of the processing of the certiful filtector, page 3 s.o. e detac e filter of store the pept, of s.o. MEDICAL (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work 21. I certify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated above. LeZ and that death occurred at 4 saw the deceased alive on. DATE SIGNED 22a. SIGNATURE 22b. ATTENDING PHYS. MED. DIRECTOR PHYS. M.D. ADDRESS PHYSICIAN'S 22d. lirector, p NAME (Type) &claughlin. M. D. Mountain Road. Pasadena. Md. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF Baltimore, Mi. Burial Sept.67 Baltimore National REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) Kirkley Funeral Home, Glen Burnie, Md. 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11897 11882 CERTIFICATE OF DEATH u HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the d≣ath certificate be executed within 24 haurs ≣fter death Page 4 may be retained by the haspital ≡r attending physician. by the funeral Pages 1 and 信息 PLACE OF DEATH 2 DSUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE b. COUNTY ANNE ARUNDEL oletely filled in by the fur carbon papers. Pages 1 eat, within 72 hours after, MARYLAND Maryland Howard b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Ellicott City 1 day d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS S RESIDENCE filled i ON A FARM? KIMBROUGH ARMY HOSPITAL 17 Amherest Ave YES NO TO NAME OF First Middle 4. DATE Month Dov Year completely DECEASED event. (Type or print) Robert Stanford DEATH September Newsome SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS attending physician and camp permit. Then please remoye lost burthdoy) Months Davs April 15. Hours and in any WIDOWED DIVORCED Cauc Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** Engineer R Grace Co Ahoskie. N.C. USA 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME or removal. Hoard Newsome Bruce Estelle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 565-48-4970 Yes 1937-1957 Mrs Robert Newsome 17 Amherst Ave burial, cremation, IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c) )
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) Cardiac Arrest +201 DUE TO Conditions, if ony, which gove Acute Myocardial Infarction rise to immediate couse (a). **DUE TO** for use as the b f Health prior tab has been stating the underlying couse fast PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(c) 19 WAS AUTOPSY PERFORMED? NO X O FUNERAL DIRECTOR: After this certificate 200 ACC DENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of unury in Port 1 or Port 1) of item (8) detached for the Dept. of the OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (home, form, (G\*v or town) (County) (Stote) Hour to.m. factory, street, office bldg , etc ) Not While ot work ot work pe 21. I certify that (I) (this hospital) ottended the deceased fram 1.3 SEP 19 67 to 13 SEP 19 67, that (I) (we) last director, page 3 should should be filed with the saw the deceased alive on 1.3 SEP 1967 and that death occurred at 9: 20 pm. from couses and on the date stated above 220-S GNATU 22b. DATE SIGNED MED DIRECTOR ATTENDING 13 Sep 67 PHYS. 22d. ADDRESS KAMPNER KIMBROUGH ARMY HOSPITAL FT MEADE MD 230 BURIAL, CREMATION, 23b DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (Stote) BREADY A (Specify) Sept. 17 167 Crest Lawn Marriottsville Howard Co. 24 FUNERAL DIRECTOR Harry H. Witzke Ellicott City 2So. REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUL VR A15 (4) 25M 1/67 Howard County 'uneral Home



1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
- 5 - 5N	ر تو ا	11886 CERTIFICATE OF DEATH	11898		
death.	\$ 1	1. PLACE OF DEATH   2. USUAL RESIDENCE (Where deceased lived, If Institution			
7/7 = "-	ועוהי	A A Co MARYLAND MA	Co		
	NITS a	b. CITY OR TOWN (if outside corporate limits, write RU write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RU	RAL and give nearest town)		
hours hours	172	Millersville  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?		
n 24 大型eppe		Knollwood Menor Nursing Home 418 Creswell Rd	YES NO 2		
executed within and completely—remove carbon p	347	3. NAME OF DECEASED   Last   4. DATE   Month   DF   Sept 13	Day Year		
comp se ca	event	5. SEX 6 COUR OR PACE IN ADDRESS OF PURPOSE AND ADDRESS OF PURPOSE A	TO 1 VENDILE LIMBED 24 LIDE		
xec and	any	Male White WIDOWED DIVORCED Oct 22,1888 78 yrs.	is Days Hours Min.		
	n bi	during most of working life, even if retired)   INDUSTRY	COUNTRY?		
icate be e physician	a' ar		USA		
rrtiffe ing p	гетточа	13. FATHER'S NAME William Henry Owen  14. MOTHER'S MAIDEN NAME Olena Palmer			
th ce	Or re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)			
deal he al	tlon,	No 223-18-7398 Family Same  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN		
regulres that the death certificating physician. Deen signed by the attending pl	гета	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  Off Ventural day lene	ONSET AND DEATH		
that rsicia gned	al, c	241X DUE TO P h. 0	77		
ures g phy an si	par	conditions, if any, which gave rise to immediate (b)	- cours		
regarding	prior to	cause (a), stating the DUE TO Churic as Huna.			
	th pr		(a) 19. WAS AUTOPSY PERFORMED?		
CIAN: The ospital or a certificate hed for use	Health p	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BW NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II  CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ME YES NO IT		
ICIA! ospil cert hed	Dept. of	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	10.,		
PHYSICIAN: the hospital this certific	Dep	destant street effection than stall	County) (State)		
JING P d by t After d be d	State		-		
	9	21. I certify that (I) (this hospital) attended the deceased from \$\\\\/\/\/\/\/\\\\\\\\\\\\\\\\\\\\\\\\	that (I) (we) last		
ATT ATT	with	22a. SIGNATURE	DATE SIGNED		
AL OB	filed	M.D. PHYSICIAN'S  ATTENDING MED. STAFF DIRECTOR PHYSICIAN'S	9/14/67		
TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should	d be	1 220. PHYSICIAR'S NAME (Type) MAX C PRANK M 220. ADDRESS 425 SE Intelia	in Try 2104		
Page FU?	lhoul	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or REMOVAL (Specify) 9/16/67 Glen Haven Cem Glen Burnie			
5° 5°	7	Burisi 9/16/67 Glen Haven Cem Glen Burnie 24. FUNERAL DIRECTOR ADDRESS 1252, REC'D BY REGISTRAR 255. REGISTR	Md AP'S SIGNATURE		
VR A15 (4	4	Mr. C. Cl. F.H. V37 fatance are 2/2/25 SEP 18 1967 golian	Car Judge		
20M 1/6	5	DK.F.	0 0		



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11884 CERTIFICATE OF DEATH 11899 2. USUAL RESIDENCE (Where deceased leved, if institution. Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Anne Arundel Maryland MARYLAND b. CITY OR TOWN (If outside carparote mits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURA), and give negrest town) requires that the death certificate be executed within 24 haurs aft write RURAL and give nearest town)
Crownsville Baltimore davs d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? Crownsville State Hospital 1122 Myrtle Avenue YES NO X 3. NAME OF Middle 4 DATE Last Day Year DECEASED DEATH 1967 (Type or pont) Palmer Bernice S SEX 9 AGE (In years IF UNDER I YEAR IF JNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH lost birthdoy) Manths DIVORCED 2/21/22 Negro :0a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHP ACE (County & State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Beautician Baltimore, Maryland U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charles Palmer IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service) Hospital Records, Crownsville, Maryland unknown unknown INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY. ONSET AND DEATH Hepatic failure IMMEDIATE CAUSE (a) \_ Chirrhosis of liver or Generalized Carcinomatosis Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO V Anemia Severe 20g. ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) factory, street, affice bldg., etc.) Not While saw the deceased alive on 948/ 22a SIGNATURÉ 22b. DATE SIGNED ATTENDING 9/8/67 M.D DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S Lionel McHenry Mapp Crownsville State Hospital, Maryland NAME\_OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BUR AL (REMATION, REMOVAL (Specify) 23b DATE THEREOF (County) (State)

MARYLAND STATE DEPARTMENT OF HEALTH

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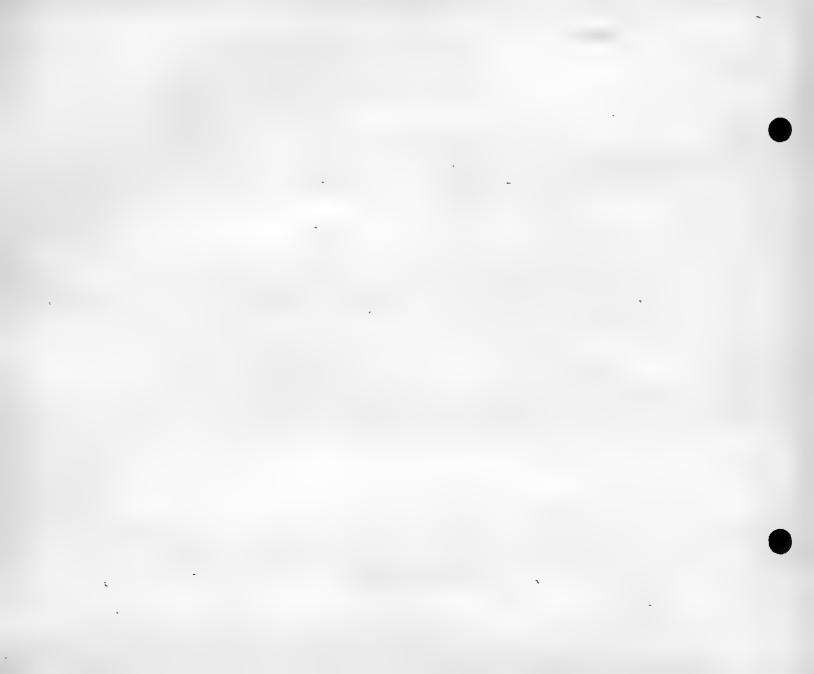
ital, Marylana

no

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11885 11900 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Annapolis Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STRFFT ADDRESS ON A FARM? Naval Hospital, Annapolis, Md. 5A Carver St. YES NO X NAME OF ar bon First Middle Lost 4. DATE Month Year DECEASED WILLIAMS RUDOLPH PARKER September 28 19 67 (Type or print) DEATH S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years IF JADER 1 YEAR | IF JADER 24 HRS 7 MARRIED NEVER MARRIED . Sdoy) Months Hours Male Negro May 7, 1904 ar remayal, and in any WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S. Navy Ret during most of working life, even if retired) Annapelis, Maryland SD2 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Alenze Williams Sarah Parker Annapolis, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) [(If yes give wor or dates of service) 213-34-4160 Minnie Parker 5A Carver St. burial, cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH PULMONARY EMPHYSEMA IMMEDIATE CAUSE (o)\_ DUF TO Conditions, if ony, which gove nse to immediate cause (a), DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO NO PHYSICIAN: 200 ACC DENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1) of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Hour a.m. foctory, street, office bldg., etc } Not While OR ATTENDING 21. I certify that (I) (this haspital) attended the deceased fram 18 Sept. 19 67, to 28 Sept., 167, that (I) (we) iast 22a SIGNATURE 22b DATE SIGNED 9-28-67 DIRECTOR PHYS M.D 22d ADDRESS 22c. PHYSICIAN'S LCDR MC USN NAVAL HOSPI TAL, ANNAPOLIS, MD. NAME (Type) M director, should be 236 DATE THEREOF 230. BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d EOCAT ON (City or Town) (County) (Stote) B PENEVAL Specify) Oct. 3~67 St. Marts Annapolis, Maryland 250. REC'D BY REGISTRAR 1967

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11886 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11901 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE 5. COUNTY MARYLAND b CITY OR TOWN off outside corporate amuts. CLENGTH OF STAY IN 16 ( CITY OR TOWN (If outside corporate imits write RURAL and give nearest town) write RURAL and give nearest town), Je CKNA -F/ State Depart d. STREET ADDRESS S RESIDENCE ON A FARM? d NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) ang with farm n Item 18 Give Pages YES T NO P 3 NAME OF 4 DATE Month Dov DECEASED OF 12.50N (Type or print) DEATH S SEX B. DATE OF BIRTH 9 AGE (In years NEVER MARRIED ost birthday) WIDOWED DIVORCED 12 C TIZEN OF WHAT De-USLA, OCCUPATION (Give kind of work done KIND OF BUS NESS OF dying most of working to, even if returned) event within 72 haurs after FATHER'S NAME be executed within in pencil WAS DECEASED EVER IN U.S. ARMED FORCES? pending" INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per hi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ward DUE TO Qny Conditions, if any, which gave rise to immediate couse (o), = DUE TO stating the underlying couse tost 19 WAS AUTOPSY PERFORMED? remayal, PART IF OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I (a) CERTIFICATION. NO TO 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of inury in Port 1 or Port 1 of tem 1B) 200 EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING I CAUSE OF DEATH crematian, 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page ot work of work 21 I certify that I took charge of the remains described above held on Autapsy ... Inspection ... Inquiry ... and in my opinion Matgral causes Accident . Suicide . Ham cide Indetermined manner death resulted from. CHIEF MED CAL EXAM NER prior ta ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAM NER Hea th Address (Street city, town or county) NAME Type) BURIAL, CREMATION, 0 MICALVA an phys L36 v Grunon 25b REGISTRAR S SIGNALURE 2Sq RECD BY REGISTRAR 24 FUNERA, DIRECTOR VR A15ME (5) 6M 1/67



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where dacessed lived, If Institution: Residence before edmission) e. COUNTY · STOMaryland 24 hours by the land 2 and 2 death, ( Anne Arundel Arundel MARYLAND b. CITY OR TOWN (if outside corporeta limits. c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Glen Burnie Glen Burnie 5-Pages within filled ; d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OULS ON A FARM? North Arundel Hospital #1307 Meadowvale YES NO completely 3. NAME OF First Middle 4. DATE Month DECEASED carbon part, vithin OF (Type or print) CHARLOTTE PEACOCK DEATH Sentember 13, 19 67 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER & YEAR | IF UNDER 24 HRS 9 attending physician and lest birthday) Months Hours evenf<sub>e</sub> White Female WIDOWED [7] DIVORCED | law requires that the death certificate 1Da. USUAL OCCUPATION (Give kind of work Гетроув 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) Self-Fmoloved Pittsburgh. Pennsy. Reautician U.S.A. 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME 2 and (unknown) Harry Lever Then 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Mr. Glen Peacock (husband) Same As #2 Ine ray, aftending physician, 1201 14 5561 permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DIRECTOR: After this cerificate has been signed by should be detached for use as the burial-transit permi Ceste Engestine Heat Failure ONSET AND DEATH Ö PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) cremation, **DUE TO** Conditions, if eny, which gave rise to Immediate cause **DUE TO** (a), stating the underlying couse last. (c) PHYSICIAN: the hospital or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPS CERTIFICATION Se o PERFORMED? prior f NO F 20s. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING be retained by MEDICAL 20c. TIME OF INJURY 20a, PLACE OF INJURY (Home, farm, Month, Day, Year 20d. INJURY OCCURRED 2Df. (City or lown) (County) (State) fectory, street, office bldg., etc.) 5 While Not While et work et work attended the deceased from Faluron, 1967, to... 3 [1. [1] that (1) (#e) last 21. I certify that (i) (this hospital) (a), and that death occurred at State saw the deceased alive on 1). PM, from the causes and on the date stated above. 22e. SIGNATURE DATE SIGNED PHYS. DIRECTOR director, page 3 M.D. PHYS. HOSPITAL FUNERAL death. Page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23e. BURIAL, CREMATION, 23b. DATE THEREOF OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county REMOVAL (Spacify) Aurial Sept. 18/67 Alleghany Co., Mem. Park Pittsburgh. Pennsy. Single Funeral Home 25. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Glen Burnie, Marylandonte SEP 18 1967 flands Ju YR A15 (4) 20M 5-63

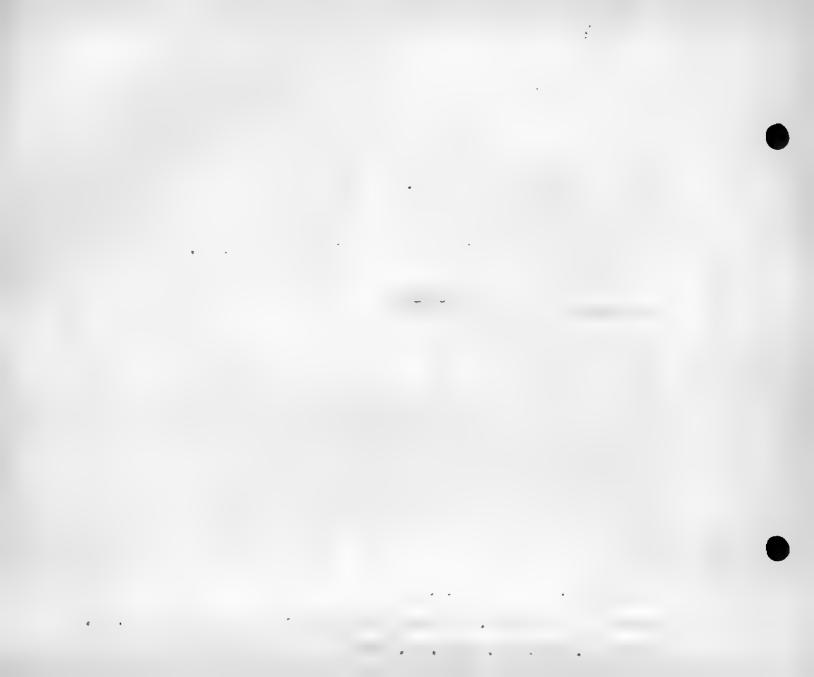


MARYLAND STATE DEPARTMENT OF HEALTH 11888 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 71903 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. funeral s 1 and fter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before an assisting o. COUNTY o. STATE Maryland b. COUNTY Anne Arundel Anne Arundel papers. Pages 1 No 72 haurs after MARYLAND by the Pages CITY OR TOWN (If outside corporate rimits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - Pasadena 11 hours Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) ,⊑ d STREET ADDRESS S RESIDENCE filled Rt-2. Box-193 Anne Arundel General Hospital NO campletely frances NAME OF Middle First DATE Month × Day Year DECEASED PERRY 19 67 September Type or print Rena 'olores DEATH evel 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED **NEVER MARRIED** 9. AGE (In years IF JNDER 24 HRS ease remave Months Hours Jan. 6, 1887 Female White DIVORCED WIDOWED and 100 LSUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRYS attending physician sermit. Then please Massachusetts Milliner (ret. Fashion Millinetv 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, Erving A. Ros Rena Swist 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) 14 6310A Mrs. Ruth E. Eckert (daughter) No. same as#2 burial, cremation, 18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: NTERVAL BETWEEN **burial-transit** IMMEDIATE CAUSE (o) by the hospital ar attending physician. Conditions, flony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse etached far use as the Dept. of Health priar ta PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPSY PERFORMED? Erse asa NO TO ATTENDING PHYSICIAN: 20o ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form (City or town) (Stote) (County) TO FUNERAL DIRECTOR: After this Hour o.m. factory, street, office bldg., etc.) , page 3 should be de be filed with the State 13 19 67, that (1) (#e) last 21. I certify that (I) (the classical) attended the deceased fram 1962, to Sept. be retained Sept. 13 1967, and that death occurred of saw the deceased alive an M, from causes and on the date stated above SIGNATURE 22b DATE SIGNED M.D DIRECTOR Page 4 may b PHYSICIAN'S ADDRESS NAME (Type) 2934 Mountain Road, Pasadena, Arthur Lankford director, BURIAL, CREMATION DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 16/67 Loudon Park Cemetery Baltimore, Maryland 25b. REGISTRAR-SASTIMATUS VR A15 (4) 25M 1/67 noleton Funeral DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11904 requires that the death certificate be executed within 24 haurs after death puo the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY a. STATE b. COUNTY papers. Pages 1 MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) CLENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) campletely filled in by d NAME OF HOSPITAL OR INSTITUTION (if not in hospitot, give street oddress) e IS RES DENC ON A FARM YES NO Zaty Tarpy Topics. NAME OF Middle DATE Year Doy DECEASED 6 Type or print DEATH 19 MARRIED AGE (In years IF UNDER IF UNDER 24 HRS NEVER MARRIFO lease remave and in any ev b, rthdoy) Months Hours Dovs WIDOWED 😿 gug 100 JSUAL OCCUPAT ON (Give kind of work done 1Db KIND OF BUS NESS OR 12 CITIZEN OF WHAT INDUSTRY during most of working life, even if retired) COUNTRY 2. SUPERVISOR 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAMI signed by the attending physi burial-transit permit. Then pl burial, cremation, or removal, attending phys permit. Then p OGERS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service 18 CAUSE OF DEATH (Enter only one couse per ne for (o) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ar attending physician Conditions, if any, which gove rise to immediate couse (a). DUE TO far use as the t stoting the underlying couse nas been łast 19 WAS AUTOPSY PERFORMED? PART II. OTHER S.GNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISERSE CONDITION GIVEN IN PART 1(0) F:CATION NO PHYSICIAN: 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18) by the haspital 5 OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e PLACE OF INJURY (Home, form 20c T.ME OF INJURY Month, Doy, Year 2Dd NJURY OCCURRED (City or town) (County) (Stote) Hour o.m foctory, street, office bldg., etc.) While Not While ATTENDING of work 21 I certify that (I) (this hospital) attended the deceased fram. shauld be retained director, page 3 shauld shauld be filed with the 304M, from causes and on the date stoted above TO FUNERAL DIRECTOR: , and that death accurred at saw the decedsed alive an S 220 S CHATURE 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS 22d ADDRESS O HOSPITAL 22c PHYSIC AN S Page 4 may NAME (Type) CEMETERY OR CREMATORY 230 BURJAL CREMATION DATE THEREO or Town) (Stote) (County) FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 2Sb. VR A15 (4) 25M 1/67





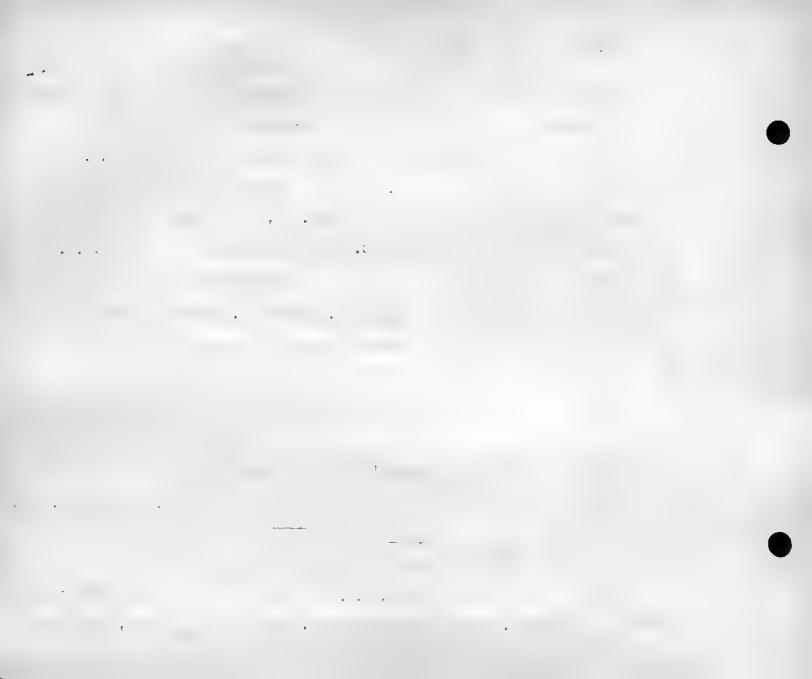
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #4 Film #6392 9,12/47 Di CERTIFICATE OF DEATH 11906 OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 haurs after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution. Residence before admission) o. STATE Maryland o. COUNTY b COUNTY Anne Arundel County Anne Arundel MARYLAND mpietely filled in by the fue carban papers. Pages went, within 72 hours afted b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest fown) c LENGTH OF STAY IN 16 Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 6 Bristol Drive Annapolis Nursing & Convalescent Center YES NO IS NAME OF Lost 4. DATE remave carban Month Doy campietely DECEASED OF Sept. 12 (Type or print) Fannie DEATH 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS **NEVER MARRIED** bighdoy) Months Days Hours WIDOWED DIVORCED and in any and 10o, USUAL OCCUPATION (Give kind of work done BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) **COUNTRY?** physician NCESS NWE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remayal. RRISON 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give worzer dates of service INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a)
PART | DEATH WAS CAUSED BY**burial-transit** signed by IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse ifter this certificate has been be detached far use as the State Dept. af Health priar to WAS AUTOPS PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION 200 ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (State) Hour 'o.m. foctory, street, office bldg., etc.) Not While at work 21. I certify that (1) (this hospital) attended the deceased from director, page 3 shauld and that death accurred at 44 M, from causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an 22o. SIGNATURE STAFF DIRECTOR 22c PHYSICIAN'S ADDRESS NAME (Type)/ NAME OF COMMETERY OR CREMATORY BURIAL CREMATION: (County) (Stote) **FONERAL DIRECTOR** VR A15 [4



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11907 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission e. COUNTY b. COUNTY Ann Arundel MARYLAND Arlington b. CITY OR TOWN (If outside corporate I mits, write RJRAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) 11 Months Annapolis filled in papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitor, give street address) d STREET ADDRESS IS RESIDENC ON A FARM? 5035-36th Street North Annapolis Nursing Home NO 🗔 NAME OF carban Middle 4 DATE DECEASED OF OEATH (Type or print) 9. AGE (In years IF UNDER 24 HR est birthdoy) MARRIED [ **NEVER MARRIED** 4/14/84 White WIOOWED X DIVORCED and 100 USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during most of working life, even if refired)
Shoe Buyer INDUSTRY Brooklyn, New York 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, Frederika Strauss HenruRichter15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. 36th (Yes, no, or unknown) (If yes give wor or dates of service Arlinaton. 18 CAUSE OF DEATH (Enter only one couse per signed by the burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove ) rise to immediate cause (a), DUE TO stating the underlying couse State Dept. of Health priar ta S 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO by the haspital ar 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) **DIRECTOR:** After this 20k TIME OF INJURY Month, Doy, Year WED factor9, street, office bldg., etc.) Hour To.m. of work 21. I certify that (1) (this haspited attended the deceased from 100% be retained saw the deteased alive an and that death accurred at M, fram causes and an the date stated above. 220 CSIGNATI 22b DATE SIGNED STAFF DIRECTOR PHYS Page 4 may O FUNERAL Willard F. Smith Shady Side, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o 8 URIAL, CREMATION, 23b DATE THEREOF Columbia Gardens Cem. Arlinaton. 250 REC'D BY REGISTRAR VR A15 (4) Home arlination Vincinia

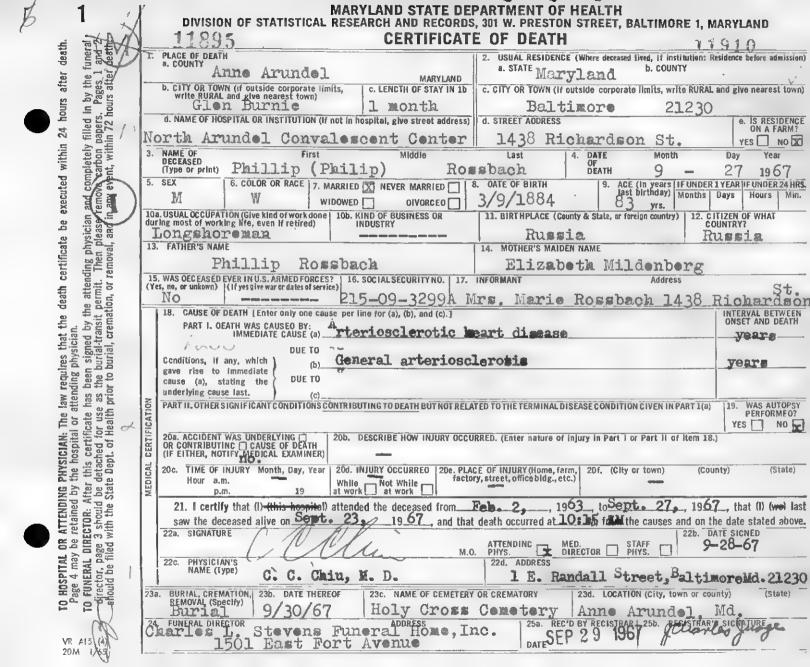


e7 <b>1</b>	t		PARTMENT OF HEALTH	
1		44000	TON STREET, BALTIMORE, MARYLAND 21201	44000
FOR STATE		### MEDICAL EXAMINER	S CERTIFICATE OF DEATH	11908
HEALTH DEPT.		PLACE OF DEATH O. COUNTY	2 USUAL RESIDENCE (Where deceased lived, if institution R	esidence before ours on
y delay is y and 3 to PM3 Page ariment of		Anne Arundel MARYLAND		one Arundel
delay 13 and 3 to M3 Page riment at		write RURAL and give nearest town)	c CITY OR TOWN (It autside corparate limits, write RURAL a	nd give nearest fown)
- 0	-	Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Hanover d. STREET ADDRESS	B IS RESIDENCE ON A FARM?
# C 54	-	North Arundel Hospital	Route 1 Box 7B Hanover,	
d within 24 haurs after death. If any delay in pencil in .tem 18. Give Poges 1, 2, and 3. Exam.ner's Office along with farm. PM3. Page File pages Land 2 with the State Department? bours after death.	3	NAME OF First Middle	Lost 4 DATE Month	Doy Year
o e e e e e e e e e e e e e e e e e e e		DECEASED (Type or print)  T.ENA  G	ROGERS DEATH September 9 AGE (In years IF)	12 19 67
offte alon with	5	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	lost birthdoy) Mo	JNDER I YEAR THUNDER 24 HRS  nths Doys Hours Min
iaurs a em 18 ffice al ind 2 w death.	10/	Female White WIDOWED DIVORCED	Sept. 22, 1910 56 Yrs	2 CIT ZEN OF WHAT
24 hc in ,te, er's Off pes lar after d	du	ring most of working life, even if retired)  Waitress  Al Greene Ent.	West Virginia	COUNTRY?
in 2 in in ner's ages s aff	13	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	U. D. M.
within 24 bacrs n pencil in stem 1 Examiner's Office File pages 1 and 2 ? bours ofter deat		Frank Loughry	Ethel Johnson	
be executed within "pending" in pencil in pencil in pencil in the Medical Exam.ne. Tansit permit. File page ent within 72 hours c		WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO  17 es. no. or unknown) [[I] yes give wor or dotes of service]	7 INFORMANT Address	
ecut ding edic erm uthin		no //////////219 10 3979 M	<u>Ir. Russell R. Rogers (husb</u>	
e ex penc ef M ef M sit p		18 CAUSE OF DEATH (Enter only one couse per line for (α), (b), and (c).) PART I. DEATH WAS CAUSED BY		INTERVAL BETWEEN ONSET AND DEATH
shauld be e ne ward "per a the Chief I burial-transit		7/04 IMMEDIATE CAUSE (o) Multiple DUE TO	Traumatic injuries	
thaul the the urial-		Conditions, if ony, which gove ) (b)		
if cate s ring the rded to as a bu	П	rise to immediate cause (a), Stating the underlying cause DUE TO		
certificate shauld with ward invarded to the Chased as a burial-treval, and in any every ear,		lost (c)		
This certificate shauld be executed within 24 haurs after death. If a cate, writing the ward "pending" in pencil in tem 18. Give Pages 1, be farwarded to the Chief Medical Examiner's Office along with farm. I be used as a burial-transit permit. File pages land 2 with the State Degreman, and in any event within 72 hours after death.	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS ALTOPSY PERFORMED?
ه ف ع ب	CERTIFICATION	200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRE PRIMARY DO CONTRIBUTING	D (Enter noture of injury in Port or Port I of Item 18)	YES NO
INER: Thi e certificat shauld be files. 3 should be itan, or rem	CERT		ar was struck by train	
EXAMINER: cute the cert. age 4 shauld r your files. Page 3 shou cremation, o	MEDICAL	20s T ME OF INITIRY Month Doy Year 20d INJURY OCCURRED 20e F	PLACE OF INJURY (Home form 20f (City or town) foctory street, office bldg., etc.)	(County) (Stote)
EXAM ute th uge 4 your your Page	ME	12 pm 9 12 19 67 of work 12	RR Track Balto.	ANNE Ar. Md.
L EXA xecute Page far yau 08: Paga		21 I certify that I taak charge of the remains described above,		
MEDICAL MEDICAL Mease exec director. P etained far DIRECTOR. ta burra,		death resulted fram: Natural causes , Accident X S.	CHEF MEDICAL EXAMINER X	er 🔛
UTY MEDIA rry, please eral directi be retained RAL DIREC		ACTUAL SIGNATURE Of She	M.D. ASS STANT MED CAL EXAMINER	22 DATE SIGNED
JTY Iny, peral be r RAL price		EXAMINER'S	DEPUTY MEDICAL EXAMINER	
O DEPUTY MEDICAL Benedessory, please execute functor, Post Smay be retained for o funeral DIRECTOR: Health prior to buria,	L	NAME (Type) Russell S. Fisher, M.D.		tember 13, 1967
## # 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23	D BUR AL, (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY C	OR CREMATORY 23d .OCATION (City or Town)	(County) (State)
n la	2	Jurial Septe 16/67 Glen Haver	Mem. Park Glen Burnie.	Marage
VR A15ME (4)	1	Glen Burnie, Ma	al Homa 250 SPPY REGERRAS 25b. 25b. 25b.	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11909 11894 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY MARYLAND C LENGTH OF STAY IN 16 IS RESIDENCE ON A FARM? INSTITUTION (If not in paspital, give street address) d STREET ADDRESS Office olong with form NO4 in Item 18. Give Poges State YES 24 hours ofter death. NAME OF Manth Day Year OF DEATH DECEASED 19 Type or pont) IF UNDER 1 YEAR IF UNDER 24 HRS AGE ( n years 7 MARRIED NEVER MARRIED Months Days Hours WIDOWED DIVORCED degl ) puo KIND OF BUSINESS OR 12 CITIZEN OF WHAT within 72 hours after Examiner s pencil 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within 16 SOCIAL SECURITY NO. (Yes, na, ar unkg6 wn) {(If yes g ve war or dates af service) INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per me fee (a), (b), ONSET AND DEATH PART I DEATH WAS CAUSED BY event IMMEDIATE CAUSE (a) word This certificate should DUE TO AUG Conditions, if any, which gave rise to immediate couse (o), ⊑ DUE TO stating the underlying cause last. PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN N PART 1(a) 19 WAS AUTOPS' PERFORMED? removol, CERTIF CATION NO 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B) PRIMARY CONTRIBUTING 6 CAUSE OF DEATH cremation, 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur o.m. factory, street, affice bldg, etc.) at work 21. I certify that I taak charge of the remains described above, held an Autapsy [ Inspection 🔽 Inquiry and in my apinion Natural causes Accident Undetermined manner Suicide Ham cide the funeral director. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health prior Address (Street, city, Tow NAME (Type) 23d .OCATION (C ty or Town) CEMETERY OR CREMATORY 230 BURIAL, CREMATION, (County) 0 REMOVAL (Specify) 25o. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b. 24. FUNERAL DIRECTOR VR A15ME (5) DATESEP 6M 1/67







MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11898 CERTIFICATE OF DEATH 11911 low requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o. STATE b. COUNTY Anne Arundel MARYLAND Maryland Anne Arundel b. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town).

Annapolis c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ond completely filled in by remove carbon papers. P City -Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Anne Arundel General Hospital 908 Van Buren Street NO 🗔 YES 3. NAME OF Middle 4 DATE Lost Month Year DECEASED (Type or print) event, Estelle SEGELKEN 19 67 September Agnes 23. DEATH 6 COLOR OR RACE DATE OF BIRTH 9. AGE (In years F JNDER I YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdov) Hours DIVORCED December 15.1896 Female White WIDOWED and in ony 10a USJAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR BiRTHPLACE (County & State or foreign caunity) 12 CITIZEN OF WHAT during mast of work no life, even if retired? **COUNTRY?** Maryland U.S. 13. FATHER hos been signed by the ottending physise as the burial-tronsit permit. Then plan prorto to burial, cremation, or removol, 14 MOTHER'S MAIDEN NAME 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b). NTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) TO FUNERAL DIRECTOR: After this certificate NO IX ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form 20c. TIME OF INJURY Month, Day, Year (City or town) (State) Haur om. foctory, street, affice bldg . etc.) Nat While at work pe 21. I certify that (I) (this hospital) attended the deceased from be retained sow the deceased glive on September 231967 and that death accurred at M, from couses and on the date stated above 220 SIGNATURE 22b DATE SIGNED ATTENDING M.D PHYSICIĀN'S NAME (Type) director, BUR AL CREMATION 230 REGISTRAR S S GNATURE **FUNERAL DIRECTOR** 2Sq. REC D BY REGISTRAR 2Sb

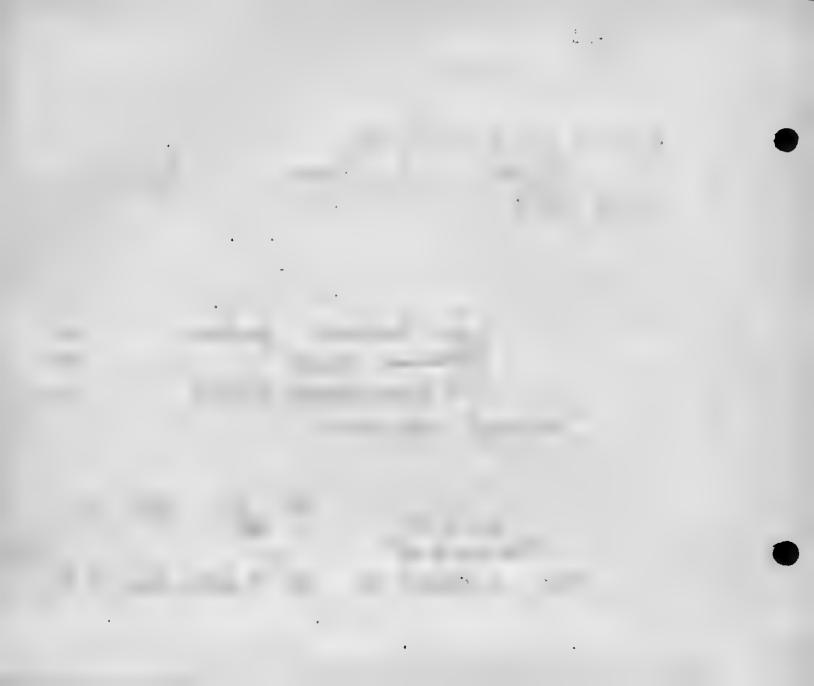


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0.0 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) The low requires that the death certificate be executed within 24 hours after dea o. COUNTY Apne Arundel **b.** COUNTY Maryland Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) pletely filled in by the carbon gapers Page write RURAL and give negrest tawn) 25 Years Glen Burnie Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitot, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS NO J North Arundel YES 🗔 Hospital Drive 405 Manle Lane NAME OF Middle Lost 4 DATE Month Year and completely DECEASED G. Theresa Shute September 1967 (Type or print) DEATH SEX 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS X NEVER MARRIED 7 MARRIED remove lost birthday Months Dovs Hours DIVORCED female white WIDOWED 10 - 1 - 99100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY

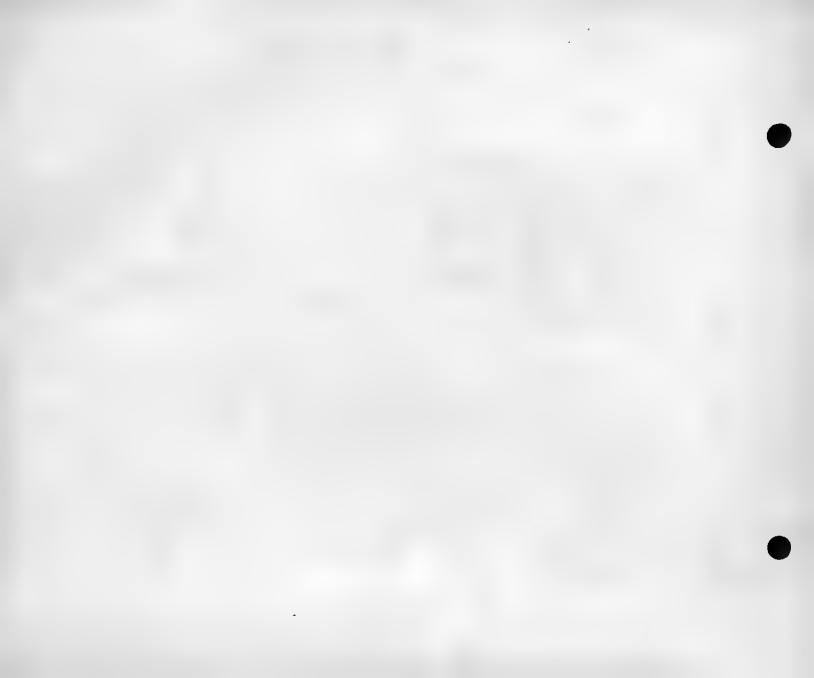
Dun Home **COUNTRY?** housewife 13 FATHER'S NAME New York TT C 14. MOTHER'S MAIDEN NAME removo Helen Olivito Ferrari amrence 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Same as (Yes, no, or unknown) (If yes give wor or dates of service) Б ValebolithNo 079-18-9353 Mr. Clarence E. Shute (husband) Vone cremation. 18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO arterior cleron Conditions, if any, which gave 3 rise to immediate couse (a), · DUE TO stoting the underlying couse or attending as the 19. WAS AUTOPS) PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) for use NO YES -20e ACCIDENT WAS UNDERLYING [1] 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) by the hospital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (Stote) 20c. TIME OF INJURY Month, Doy, (City or town) (County) factory, street, office bldg., etc.) Not While at work of work Page 4 may be retained by to FUNERAL DIRECTOR: After certify that (1) (this hospital) attended the deceased from. and that death accurred of 3. (37 M, fram causes and an the date stated above. sow the deceased glive on 19 SIGNATURE 22b. DATE SIGNED 220 **ATTENDING** 8 M.D. DIRECTOR director, page 3 BARA-POLLS MOD 22c ARHYSHILAN'S 22d ADDRESS 7527 NAME (Type) orge Rameriz NORTH BOURNE AD 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL CREMATION 23b DATE THEREOF (County) (Stote) REMOVAL(Specify) 9/27/67 Glen Burnie, Marylaad Glen Haven Memorial Pk 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S' SIGNATURE SinoletoMPRSuneral Home FUNERAL DIRECTOR Ocharles **VR A15** DATSEP blen Burnie, Maryland 20 M 1/66



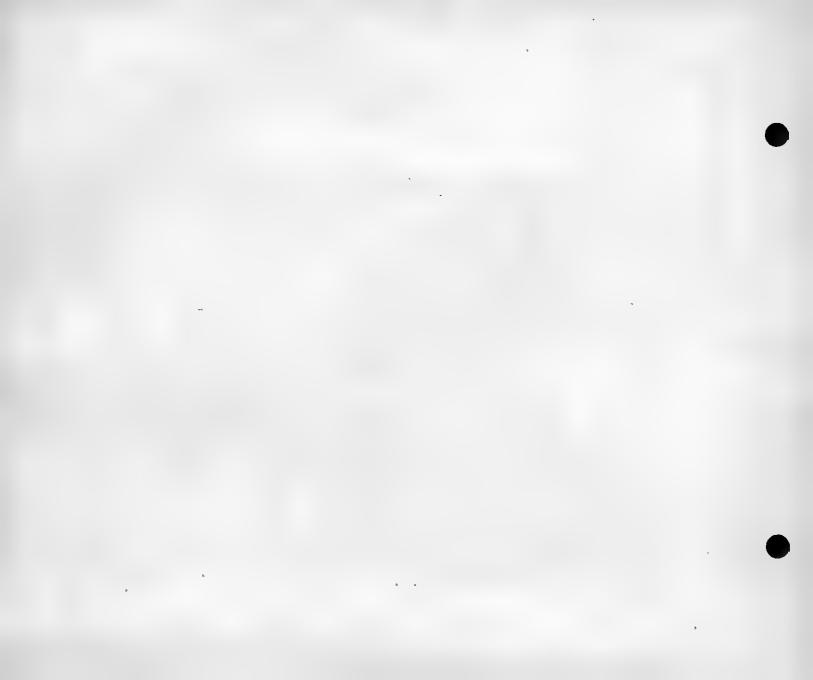
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, It institution, Residence before edmission) a. COUNTY 6. COUNTY b. CITY OR TOWN (if outside corpore's limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give negrest town Bal timore llersville within d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 1925 Christian St YES NO J. NAME OF Middla DATE Month DECEASED OF 7.0 (Type or print) DEATH 5. SEX 7. MARRIED THEYER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS carbo last birthday) Months WIDOWED [ DIVORCED [ remove 1De. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, evan if retired) Balto. Md. USA Housewife and in a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Late-Henry Geldmacker Late-Emma Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yas give wer or dates of service) Damuel Christian St. The law .... attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to Immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HALL PERMISSION NO prior 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I) of Part II of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 2Dd. [NJURY OCCURRED 20e, PLACE OF INJURY [Home, farm, ! 2Df. (City or lown) (County) (State) fectory, streat, office bldg., alc.) ö Hour a.m. Not While at work at work DIRECTOR: 21. J certify that (I) (this hospital) attended the deceased from. and that death occurred at... 12 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE ATTENDING PHYS. death. Page 4 DIRECTOR HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) rector, Peli 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, lown or county) REMOVAL (Spacify) Baltimore, Md. Crest Lawn Cem. ក្ន 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 4 2DM 5 63



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11899 11914 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH. the funeral 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Pages b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) papers. Pag hin 72 hours and give nearest town) in by d NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d STREET ADDREST e IS RESIDENCE event, within 72 ON A FARM? filled YES NO IX 3. NAME OF pdu Middle 4 DATE Lost Month physician and campletely Day Year DECEASED (Type or print) DEATH 5 SEX 6 COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED remaye birthdoy) Months Dovs Hours and in any WIDOWED DIVORCED 10e USUAL OCCUPAT ON (Give kind of work done 10b, KIND OF BUS NESS OR 12. CIT ZEN OF WHAT & State or fore an country) during most of working life even if retired) COUNTRY? 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, cremation, ar removal, IS. WAS DECEASED EVER INJU.S. ARMED FORCES 16. SOCIAL SECURITY NO -INFORMANT (Yes, no, or unknown) (If yes give wor or dates at service INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (e), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o aftending physician. 332XDUF TO Conditions, if any, which gave " rise to immediate couse (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health priar ta (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS' PERFORMED? NO YES [ by the hospital or OR ATTENDING PHYSICIAN: 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port If of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (C by or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.} Not While at work at work 21. I certify that (I) (this haspital) attended the deceased from be retained and that death accurred at DAM saw the deceased alive an fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS PHYS ADDRESS HYSICIAN S director, po shauld be 1 NAME (Type 23b DATE THEREOF BURIAL CREMATION NAME OF CEMETERY OR CREMATORY LOCATION (City or Town (County) ⇌ REGISTRAR S SIGNATURE **FUNERAL DIRECTOR** ADDRES! 250 REC D BY REGISTRAR 25b VR A15 (4) 25M 1/67 DATSEP



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11000 11915 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admia. COUNTY g STATE MARYLAND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c CITY OR JOWN (If outside corporate ismits, and give nearest town) popers. Pag thin 72 hours write RURAL and give pearest town d NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE NAME OF DATE Month Day Year DECEASED anscare (Type or print) DEATH S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years JE UNDER IF UNDER Months DIVORCED WIDOWED 10a USUALOCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? 13. FATHER & NAME MOTHER'S MAIDEN NAME removol IS WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANI (Yes, no, or unknown) (If yes give wor dodgtes of service) 0 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH Arterio-sclerotic heart disease IMMEDIATE CAUSE (a) DUE TO Hypertensi on Conditions, if any, which gove to rise to immediate cause (a). DUE TO stoting the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS!
PERFORMED? NO 20a ACCIDENT WAS UNDERLYING [1] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 16 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year (City or town) (Caunty) (State) Hour to m. factary, street, office blda., etc.) Not While of week 21. I certify that (1) (this bosonics) attended the deceased from 12/16/66, 19 to 8/9/67 , that (I) (W) last and that death occurred of saw the deceased alive on 8/2/67 \_M, from causes and an the date stated above. TO FUNERAL DIRECTOR: 22a, SIGNATURE 22b DATE SIGNED ATTENDING DIRECTOR M.D. director, page 22d ADDRESS E. Patapsco Avenue 22c PHYSICIAN S Samuel Rubin, M.D. NAME (Type) Raltimore, Md. 21225 23g BJRML CREMATION NAME OF CEMETERY OR CREMATORIE LOCATION (City or Town) REMOVAL (Specify) ANERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1100 11916 death requires that the death certificate be executed within 24 haurs after death physican and campletely filled in by the funeral en please remaye carbon-sapers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) b COUNTY P. G. a. COUNTY Maryland Anne Arundel MARYLAND hours after b. CITY OR TOWN (If outside corporate hmits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural- Baltimore 4yrs. Bowle d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS carbon-papers North Arundel Hospital 2700-Felter YES NO SC NAME OF Middle 4 DATE Month Last Day Ē DECEASED (Type or print) ar remayal, and in any event, Lula V. Smith Sept. 19 67 DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED **NEVER MARRIED** last birthdov) Months Days 12/5/182 WIDOWED 🔽 DIVORCED 10h KIND OF BUSINESS OR 11 BIRTHPLACE (Coun , & Stote, or foreign country) 12. CITIZEN OF WHAT 10a USUA, OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY Retired U.S.A. dousewilfo Loundon Co., Va. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Rice Poland mabel Alphus 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Bowie, Md. (Yes, no, or unknown) (If yes give wor or dates of service signed by the atter burial-transit permit burial, cremation, a Margaret Waataja 2700 Felter La. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a be retained by the haspital or attending physician DUE TO 1/120 Cn 1/02 Canditians, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying cause O FUNERAL DIRECTOR: After this certificate has been be detached far use os the State Dept. of Health priar ta 19 WAS AUTOPS)
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) YES 🗀 NO 4 PHYSICIAN: 20o ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City ar town) (State) 20c TIME OF INJURY Month, Day, Year (County) factory, street, affice bldg, etc.) Not While of work 21. I certify that (1) (this hospital). oftended the deceased from LERDY a-M, from couses and on the date stated above and that death occurred at saw the deceased alive on, 22n. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING MED. DIRECTOR M.D. director, page should be filed 22c. PHYSICIAN S NAME (Type) 22d ADDRESS 1111 23d. LOCATION (City or Town) 23c. NAME OF GEMETERY OR CREMATORY 230 BURIAL CREMATION, 23b DATE THEREOF (County) (State) REMOVAL (Specify) Suitland, Maryland 16-67 Cametery PECID BY REGISTRAR AD DRESS 1 25b. REGISTRAR'S SIGNATURE EDMERAL DIRECTOR VR A15 (4 Bros. -1 1-Good Hope Rd SE Wash DC 20 M 1/66



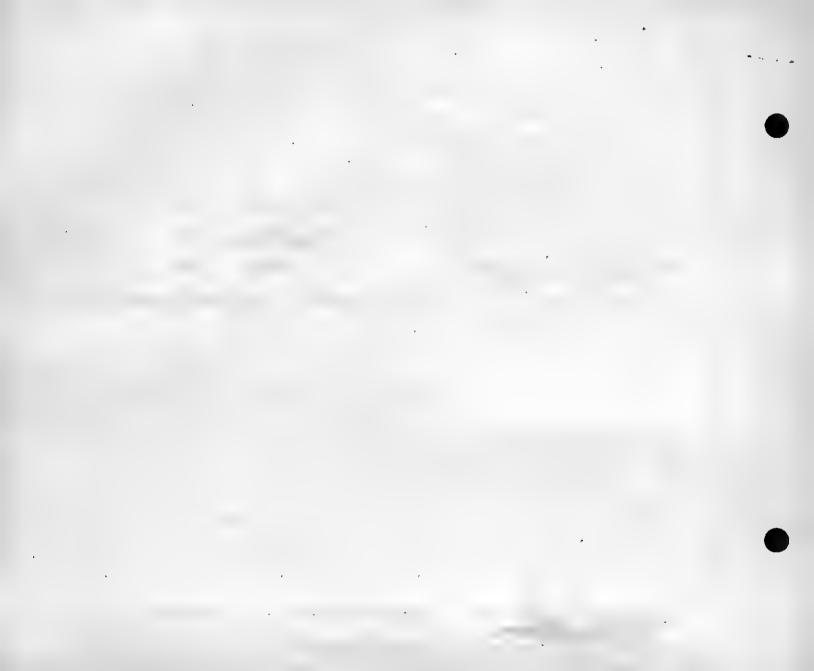
MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY hours after Anne Arundel Maryland MARYLANO CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Burnie linutes Glen Burnie filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS North Arundel NO. 105 Dorchester Road etely executed within NAME DE 3. First MIdd1e Last DATE Month DECEASED y event, (Type or print) DEATH Howard Clarence Snider Sept 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Davs Hours WIDOWED [T DIVORCED [ June 1905 White attending physician ar ermit. Then please rei in, or removal, and in a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) death certificate be COUNTRY? Tairmont. W. Virginia TISA Engineer B. & O. RR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address O FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or is (Yes. no. or unkown) | (If yes nive war or dates of service) irs. Mabel Snider, Same as 2 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I, DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES -NO [ 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. - Not While While Page 4 may be retained by at work! 21. I certify that (I) (this hospital) attended the deceased from M. from the causes and on the date stated above. and that death occurred at 11 saw the deceased alive on 22a. SIGNATURE 22b. OATE SIGNED ATTENDING PHYS. MED. DIRECTOR M.D. PHYSICIAN'S Glen Burnie Md. 22d. ADDRESS NAME (Type) L. Abramson, M.D. Annapolis Road N.E. 23d. LOCATION (City, town or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL (Specify) 5 Sept. 1967 Meadowridge Memoria] ial Elkridge laryland 25a. REC'O BY REGISTRAR 250. REGISTRAR'S SIGNATURE Burial
24. FUNERAL DIRECTOR VR A15 (4) Kirkley Funeral Home. Glen Burnie, Md. 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #8 & 14 Film #63-2-9/20/67 pp CERTIFICATE OF 11918 DEATH  $\sim$ deoth 24 hours after deoth puo the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution o. STATE Maryland a. COUNTY b. COUNTY papers. Pages I of the days ofter d Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 12 hrs. Baltimore Annapolis d. NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e IS RESIDENCE completely filled ON A FARM? Anne Arundel General Hospital 200 Birdwood Ave. law requires that the deoth certificate be executed within ve carbon on YES NO NAME OF First Middle Inst DATE Month Day Year DECEASED Thomas SNYDER (Type or print) Benville September 67 DEATH 19 5 SEX 6. COLOR OR RACE 8 DATE OF BIRTH R 7 MARRIED NEVER MARRIED AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS remove last birthday) Months Days Male White Haurs I, and in ony WIDOWED DIVORCED physicion ond c nen pleose remo 10a. USUAŁ OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (Caunty & State, or foreign country) 12 CITIZEN OF WHAT during most of working life even if retired)
Engineer INDUSTRY COUNTRY? Hampstead. Koppers Company Marvland .3 FATHER S NAME 14 MOTHER'S MA DEN NAME removol Thomas F. Snuder Page 4 may be retained by the contribution of FUNERAL DIRECTOR: After this certificate has been signed by the ottending to FUNERAL DIRECTOR: After this certificate has not the buriol-transit permit. The IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates of service 5 Esther M. Smyder, same as 2 18. CAUSE OF DEATH (Enter only one cause per line for y(a), (b), and (c).)
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse Health prior to last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part I af item 18) 20a ACC DENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Manth Day Year 20d INJURY OCC., RRED 20e PLACE OF INJURY (Hame, farm, 20f (City or tawn) (State) Наыт а.т. factory, street, affice blda etc.) Not While at work nt work -21. I certify that (1) this harded attended the deceased from... Sept. 9 19 67, to Sept. 9, 19 67 that (1) trac) last be retained sow the deseased alive an Sept. 9 19 67, and that death occurred at M, from causes and an the date stated above 22a, S.GNAPURE 22b DATE SIGNED ATTENDING XXX DIRECTOR M D PHYS , page be filed PHYSICIAN S 22d ADDRESS NAME (Type) Richard I. Hochman, M.D. 16 Murray Ave., Annapolis, Md. should 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION 23d LOCATION (City or Tawn) (State) RIMOVAL (Specify) Sept.67 Glen Haven Memorial Park Glen Burnie. nie Maryland
256 REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) 25M 1/67 Kirkley Funeral Home, Glen Burnier Md. 21061 DATESEP



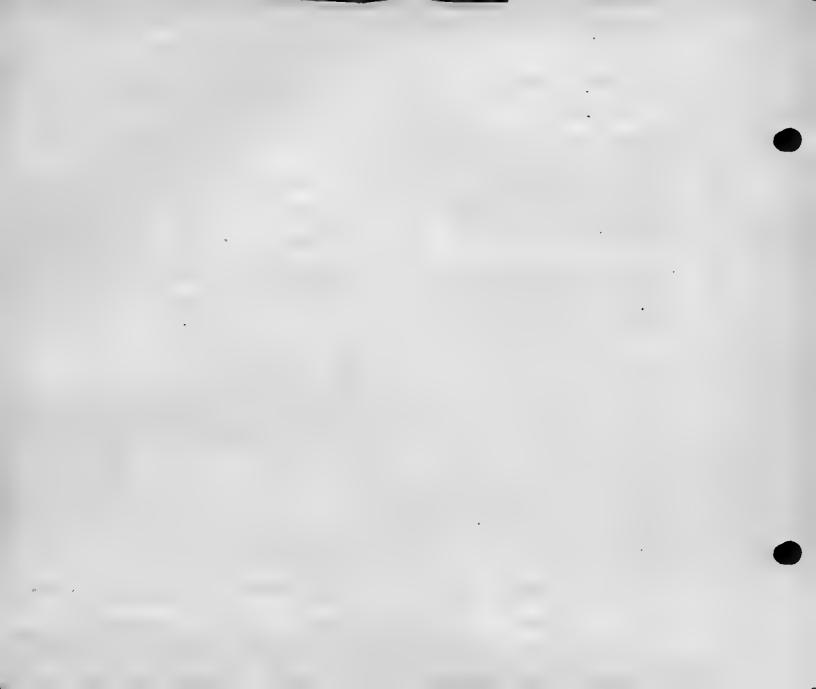
+		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND		
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death certificate ne attending physi permit. Then ple iton, or removal, a	Z	Weeliam Engishe 5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address		
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oing PHYSICIAN. The law requires that the death certificate be to by the hospital or attending physician.  After this certificate has been signed by the attending physician d be detached for use as the burial-transit permit. Then please is State Dept. of Health prior to burial, cremation, or removal, and in		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH  Conditions, If any, which  (b)  (c)		
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ING PHY by the offer thi be det.	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County) (State)   20m.   2		
ATTEND retained ECTOR: A 3 should with the		21. I certify that (I) (this hospital) attended the deceased from		
TO HOSPITAL OR ATTENDING Page 4 may be retained by TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Stat		22c. PHYSICIAN'S NAME (Type) Robert R. HAHA! Several Staff Several Staff Several Sever		
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VR A15 (4) 20M 1/65	2	ADDRESS 250 REC'D BY REGISTRAR' 256. REGISTRAR'S SIGNATURE SEP 6 1561.		



1	MARYLAND STATE DEPAR		
7.7.7	DIVISION OF VITAL RECORDS, 301 W. PRESTON	STREET, BALTIMORE, MARYLAND 21201	
(IV)	11905 CERTIFICATE	OF DEATH	77920
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ecuted with completely nave carban y event, with	DECEACED	AUSER OF DEATH	21 19 67
mple e co		DATE OF BIRTH 9 AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS
d co	F WIDOWED DIVORCED 9	7-27-15   Sost birthdoy)	Months Doys Hours Min.
be ex and e rem lin an	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  100 USUAL OCCUPATION (Give kind of work done libb. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
and	Coshier Parking Garage	Houston Texas	U.S.H.
	13 FATHER'S NAME	14 MOTHER'S MAIDEN DAME	)
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e death certificate b attending physician permit. Item plepse on, or remagyal and i	(Yes, no, or yriknown) (If yes give wor or dotes of truce) 2/2-2-343/ Mr.	Rayman J E-Strauson H	losband Samuelto
requires that the death certificate be executed within 24 hours after death. g physician.  In signed by the attending physician and completely filled in by the funeral e burial-transit permit. Trest please remaye carban papers. Pages 1 and 20 burial, cremation, or respond and in any event, within 72 hours after death.	1B. CAUSE OF DEATH (Enter on y one couse per line top(o), (b), and (c), )	1 15)	INTERVAL BETWEEN
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OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by e 3 should be detached far use as the burial-traned with the State Dept af Health priar to burial, created with the state Dept.	DART II OTHER CICAMERCANT COMPUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19 WAS AUTOPSY PERFORMED?
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YSIC aspil certi hed of a	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
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ING by # frer a se d tate	p.m. 17 of work 🗀 at work		
END led   S: Al	21. I certify that (I) (this haspital) attended the deceased from & saw the deceased alive on 9, 2, 6, 19,67, and that a	death occurred at 12 38 4 M, from causes on	, 19_5/, that (I) (we) lost
ATTI CTO Shou	220 SIGNATURE 2		22b DATE SIGNED /
OR ATTEND be retained bolkector: A ge 3 should	Butterson X of ins aco MD	ATTENDING MED STAFF PHYS. DIRECTOR PHYS.	9/21/67
SPITAL 4 may   NERAL Day   Iar, pag	22c PHYSICIAN'S NAME (Type)	22d. ADDRESS	
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	24 FUNERA DIRECTOR A 1 San / ADDRESS		STRAR'S SIGNATURE
VR A15 (II) 25M 1/67	Kedenglilon Glob Burnie, Md.	DATE SEP 2 5 1967 10	ciarles from



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naurs ofter deeth		PLACE OF DEATH o. COUNTY						JAL RESIDENCE	(Where dec	eosed lived, if instit b. CO		dence before	odmission)
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			if outside corporate limit I give nearest tawn)		-	TH OF STAY IN 16	C CHIT	OR IOWN (IT	outside corp	prote limits, write R	UKAL ond	give nearest	Town)
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		PART I. DEAT	TH WAS CAUSED BY IMMEDIATE CAUSE									ONS	SET AND DEATH
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	CERTIFICATION		CAUSE OF DEATH	20b. DES	CRIBE HC	OW INJURY OCCURRED.	(Enter no	oture of injury	n Port 1 or I	Port II of item 1B)			
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	WED	Hour or	η.	While of work	Mar		ory, stree	et, office bldg., e	(c.)				
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		saw the de	eceased alyge an	9/25		19_67, and tha	t death	accurred	111	M, fram cause	s and a	n the date	e stated abav
		220. SIGNATURE	Fla.	157					MED	STAFF		. DATE SIGNE	
			Melle	Mun!		M.	D PHY		DIRECTOR	PHYS.		9/26/	67
		22c. PHYSICIAN'S NAME (Type)						d. ADDRESS					•
		MANUE (1 Aba)	Ludwig Be	enedict	d					State Hos			
	230	BURIAL, CREMATIC REMOVAL (Specify	ON, 23b DATE TH	EREOF	23/ N	AME OF CEMETERY OR				LOCATION (City or		(County)	(Stote)
		KEN WAL	0	6,1907	UK	VESSITY	.07			ACTIM	10RE	W	)
	24	. FUNERAL DIRECTO	R			ADDRESS			CD BY REGI	1 SS 725b	KEGISIKAI	R S SIGNATUR	
	1.	KI	1236: 11	101	61	WASHIN	16 7	U~ SDATE &	3 6 7	1001	¢ .		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 - CERTIFICATE OF DEATH 11903 11922 requires that the death certificate be executed within 24 hours after death. in by the funeral ers. Pages J and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o STATE **B** COUNTY Anne Arundel MARYLAND Maryland Anne Arundel b CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) c CITY OR TOWN (If outside corparate limits, write RURAL and give negrest town) C LENGTH OF STAY IN 16 Annapolis Annapol is d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? Anne Arundel General Hospital 4th Street YES NO D NAME OF First 4 DATE tost Manth Year DECEASED TEAT Girl September Baby 67 (Type or print) 19 S SEX 6 COLOR OR RACE AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED B. DATE OF BIRTH remave lost b rthdoy) Months Doys Hours and in any Female Negro DIVORCED September gud IDo USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CT ZEN OF WHAT signed by the attending physician o burial-transit permit. Then please burial, crematian, or remayal, and ir during most of working life, even if retired) INDUSTRY COUNTRY? Maryland U. S. 13. EATHER S NAME 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMAN (Yes, no, or Linknown) (If yes give wor or dates of service) 18 CAUSE OF DEATH (Enter only one couse per line INTERVAL BETWEE PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o' attending physician. DUE TO Conditions, if ony, which gave rise to immediate couse (a), DUE TO stating the underlying cause has been last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO certificate ATTENDING PHYSICIAN: 2Do ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter notate of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INTURY OCCURRED O FUNERAL DIRECTOR; After this 2Dc TIME OF INJURY Month, Doy, Year 2De PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour om While factory, street, office bldg., etc.) Not While at wark 21. I certify that (1) (this hospital) attended the deceased fram. be retained saw the deceased alive an from causes and an the date stated above and that death accurred at 220 SIGNATURE ATTENDING M.D PHYS DIRECTOR PHYS director, page standard 22c. PHYS CIAN'S 22d. ADDRESS NAME (Type) DEAT ON (City or Town) 230 BUR AL CREMAT ON 23b DATE THEREOF 23c NAME OF CEMETERY OR CD REMOVAL (Specify) FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE



1 1	MARYLAND STATE DE Division of STATISTICAL RESEARCH AND RECORDS, 30	PARTMENT OF HEALTH 1 W. PRESTON STREET, BALTIMORE, MARYLANI	D 21201
	11909 CERTIFICATE	OF DEATH	11923
thin 72 haurs after death	PLACE OF DEATH  o. COUNTY  ANNE ARUNDAL (Anne Arundel) MARYLAND  b. CITY OR TOWN († autistic corporate limets,  p. CITY	2 USUAL RESIDENCE (Where decessed lived, if institution: I o STATE MARYLAND Anne Arunders) c CITY Or TOWN (If outside carporote limits, write RURAL o	NAXIONAX X ond give nearest fown)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)  KTMBROUGH ARMY HOSPITAL	d STREET ADDRESS 5341 WASENA AVENUE 2122	5 IS RESIDENCE ON A FARM? YES NO
	NAME OF Frst Middle DECEASED (Type or print) WALTER D. XXXXXXX	TELECK OF DEATH SEPT	Day Year 14 1967
L	MALE CAUC WIDOWED DIVORCED	30 SEPT XXXX TO YES OPOY)	UNDER 1 YEAR   IF UNDER 24 HRS. onths Days Hours Min.
	Oa USUAL OCCUPATION (Give kind of work done luring man at working life, even if refired)  RET MSGT ARMY	1) BIRTHPLACE (County & State, ar fareign country)  MAYFIELD, PA.	12. CITIZEN OF WHAT COUNTRY USA
	DEMITRI TELECK	I4 MOTHER'S MAIDEN NAME EVA EWUACA	
	(Vec on at unknown) [Iff one must use as deter of consent	INFORMANT Address AMUEL POLEN 7 ALBERT ME	ERTYLE. ROCKVILL
	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c),)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave nse to immediate cause (a), stoting the underlying couse  [ast.]  (b) General-ized Ar DUE TO  (c)		ONSE AND THE
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS ALTOPSY PERFORMED? YES NO
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	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLA While Not While for p.m. 19 at work at work	CE OF INJURY (Hame, farm, 20f. (City ar tawn) tary, street, office bldg , etc.)	(County) (State)
		it death accurred at 345P M, fram causes and	, 19, that (I) (we) last d an the date stated abave. 22b. DATE SIGNED
	220 SIGNATURE OFFICIALS  M 22c. PHYSICIANS	ATTENDING - MFD - STAFF I	4 Sefet 6
1	NAME (TYPO) CART, ROSEN, CPT, MC 230 BURIAL, CREMATION 236 DATE THEREOF 234. NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town)	(County) (State)
-	REMOVAL(Specify) 9/8/67 Arlington	National Fort Meyer, Vi	irginia"
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11911 CERTIFICATE OF DEATH 11925 The law requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY ne Arundel o. STATE Maryland b. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) the attending physician and completely filled in by the, sit permit. Then pleose remove <u>carbo</u>n popers. Pagés c. LENGTH OF STAY IN 16 Glen Burnie Md 3 days Ferndale, Glen Burnie, Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? North Arundel Hosp. Glen Burnie. Md 12 Second Ave. So. YES NO 3 Middle NAME OF Lost 4 DATE Month DECEASED OF DEATH James C. Thompson Sept. 14 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR birthday) Dovs M 10-18-87 WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mestal working life, even if retired Brewery. Balto. Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME James W. Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Emma Meber 16. SOCIAL SECURITY NO. 17. INFORMANT Address Same as (Yes, no, or unknown) (If yes give wor or dotes of service) 214-D1-9289-A Mrs. Dorothy E. Adams No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) tronsit ONSET AND DEATH PART I DEATH WAS CAUSED BY: signed by 1 buriol frons IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove nse to immediate couse (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been as the WAS AUTOPS: PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use YES 📑 NO Y 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg , etc.) Not While 23. I certify that (1) (this haspital) attended the deceased from Feb. <u>/ - : 'S, 19 /27, that (I) (we)</u> last 19 6 /, and that death accurred at 19 M, fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 220 SIGNATURE MED. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) CATRAL director, should b 230. BURIAL, (REMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE THEREOF (County) Sept. 18.1967 Glen Haven Memorial Pk↓ Glen Burnie, Maryland 25b. REGISTRAR'S SIGNATURE 2SO REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Glen Burniem Md. Richard V. Singleton 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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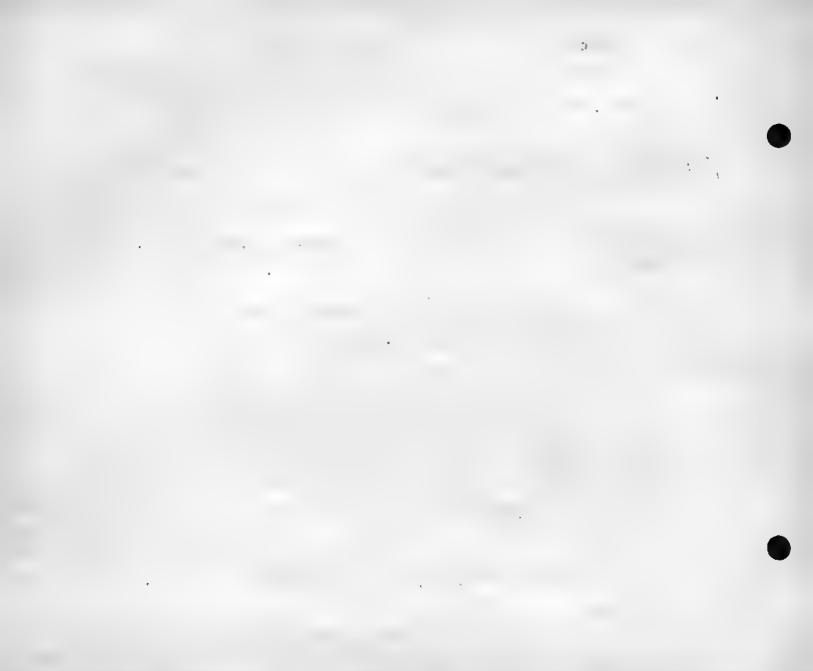
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7926 CERTIFICATE OF DEATH deal USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY pers. Pages 1 | 72 hours after c anne Arundel Marvland anne arundel MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b ò OUITS Annapolis Annapolis .E 6. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS filled paper in 72 NO Y YES Anne Arundel General Hospital Glen completely to executed within NAME OF DATE Month Day Year Middle 1 ast 4. CVORT-AL OF DEATH DECEASED 19 67 (Type or print) WILLIAM ALD tason TONGUE Sept AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS SEX DATE OF BIRTH 9. and con 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days Hours lease remov and in any e WIDOWED [ DIVORCED T Feb. male caus. YES. 12. CITIZEN OF WHAT 1Da. USUAL DCC UPATION (Give kind of work done) 1Db. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician The law requires that the death certificate be or attending physician. CDUNTRY? during most of working life, even if retired) INDUSTRY USA Annapolis. Larvland power station operator public utilities 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, attending pharmit. Then Villiam H Addie Robertson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT been signed by the attenthe burial-transit permit. (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Thelma H. Tongue same as above 214-05-1337 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause perpline for (a), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gave rise to immediate s the l DUE TO cause (a), stating the underlying cause last. a j certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 119. WAS AUTOPSY CERTIFICATION for use Health PERFORMED? NO E YES the hospital PHYSICIAN: this certing detached for 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) (State) III ICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) 20f. (City or town) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) be de State Hour a.m. Not While While director, page 3 should be c should be filed with the State be retained by at work \_\_\_ at work p.m. 19 21. I certify that (I) (this hespitel) attended the deceased from and that death occurred a 5.4. M. from the causes and on the date stated above. the deceased alive on 22b. DATE SIGNED SIONATURE MED ATTENDING PHYS. STAFF Page 4 may b DIRECTOR PHYS. M.D. 22d. ADDRESS NAME (Type) Franklin St., Annapolis, Edward Beck 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREDE REMOVAL (Specify) Hillcrest Cemeter v Buria REC'D BY REGISTRAR VR A15 (4) HUME 15M 4-64



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FITAL moy be ERAL Dor, page die file	22c PHYSIC AN'S NAME (TYPE) LYNN W. HOLDER, CPT, MC KIMBROUGH AH FT GEO G. MEADE, MAE	YLAND
Page 4	Stranton Lacka	(Sate)
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	TO HOSPITAL O Page 4 moy be TO FUNERAL DIS director, page should be filed	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTHAMPS, MARRYLAND 21201  1 PACE OF DEATH   A COLOR DE ARUNDEL   2 USUAL RESIDENCE MARRYLAND   PRINCE GEORGE   2 USUAL RESIDENCE MARRYLAND   2 USUAL RESID

CTATE DEDADTMENT OF II



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11928 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERI PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, finishtation, Residence before admission) o COUNTY o STATE A b COUNTY Page 40 death. MARYLAND deloy b CITY OR TOWN (If outside corparate limits, c LENGTH OF STAY IN 16 CITY OR TOWN (1 purside corparate limits, write RURAL and give nearest tawn) , 2, to. PM3. ofter INSTITUT ON (If not in haspital, give street address) d STREET ADDRESS e IS RES DENC OUFS ON A FARM? Pomes YES after death NAME OF First Middie 4 DATE Day Year DECEASED 9 Give (Type or print DEATH S SEX AGE (In years COLOR OR RACE 7. MARRIED NEVER MARRIED UNDER 24 HRS Office alor ₹ lgst byrthday) Manths Oavs Hours hours WIDOWED **OIVORCEO** event ond ond KIND OF BUSINESS OF 100 USUAL OCCUPATION (Give kind of work done 10b or foreign country 2 CITIZEN OF WHAT COUNTRY? uction AUD Examiner's pages FATHER S NAME 14 MOTHER'S MAIDEN be executed within Ξ. pup ER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMAN #2 permit. (Yes, no or unknown) (If yes give war at dates of service) Chief Medical removol. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) buriol-tronsit PART I DEATH WAS CAUSED BY. Ь IMMEDIATE CAUSE (o) the ward certificate should cremation, DUE TO Conditions, if any, which gove (b) rise ta immediate cause (a), DUE TO stating the underlying cause last 0.5 burial, 9 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) the certificate. YES NO Do pe ogent, prior to 20g EXTERNAL CAUSE WAS 20b OESCR BE HOW INJURY OCCURRED (Enter nature of miury in Port I or Part I of item 181) 3 should PRIMARY I or CONTRIBUTING I CAUSE OF DEATH MED.CAL 20c TIME OF INJURY Manth Cay, Year 20d N.JRY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fawn) (State) Haur a.m factory, street, office bldg, etc.) While Not While may be retained for your FUNERAL DIRECTOR: Poge at work at wark designoted 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection 1 be retained for Inquiry and in my apinian the funeral director. death resulted fram-Natural causes 🖼 Undetermined manner Accident Suicide [ Hamicide CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED or its ASSISTANT MEDICAL EXAMINER **SIGNATURE** O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth NAME (Type) Address (Street, city, tawn, or county) BURIAL, CREMATION DATE THEREOF 23dy LOCATION (City or Town) (County) 0 UNERAL DIRECTOR 25g REC D BY REGISTRAR REGISTRAR S SIGNATURE hanles 1967 VR ATSME (ST

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MARYLAND STATE DEPARTMENT OF HEALTH



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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH death. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY hours after AA Co ٧c AA Co MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Pasadena Pasadena e. IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS rbon papers, within 72 ON A FARM? 7926 East End Dr Sast End YES NO completely f certificate be executed within NAME OF First Middle 4. DATE Month Last Year 1967 DECEASED OF (Type or print) DEATH Katherine Watkins remove a 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 8. DATE OF BIRTH last birthday) Months Days Hours WIDOWED & Feb DIVORCED atten∎ing physicia≡ a ermit Then please re m, or removal, and ih a 1Da. USUAL OCCUPATION (Give kind of work done | 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Housewife Mc IISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Baker 17. INFORMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. the burial-transit permit the burial-transit permit or to burial, cremation, or death (Yes, no. or unknwn) (If yes give war or dates of service) No Family Same INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [ Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) PHYSICIAN: The law requires that the hospital or attending physician. DUE TO Conditions. If env. which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. mertificat has (c) WAS AUTOPSY PERFORMED? CERTIFICATION r tils mertificating had detached for use a to Dept. of Realth p PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. Zzzz NO 🔀 2DS. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCCUPED CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be de Hour a.m. Not While be retained by at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. Z and that death occurred at M, from the causes and on the date stated above. DATE SIGNED 22a. SIGNATURI page 3 ATTENDING PHYS. MED. DIRECTOR M.D. age 4 may FUNERAL D ADDRESS director, po PHYSICIAN'S 22c. NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a. 9 AA Md 24 ADDRESS REGISTRAR'S SIGNATURE VR A15 (4) DATE 15M 4-64



RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CATE OF DEATH Shooks 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, Il institution; Residence before admission) a. COUNTY b. COUNTY Anne Arunde MARYLAND Anne Arundel b. CITY OR TOWN (if outside corporale limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putsida corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) in by Burnie menths Annanolis Glen Burmaie executed within Filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) College Creek Terrace. IS RESIDENCE Plaza Manor Nursing Home ON A FARM? Nursing YES NO: 3. NAME OF Middle DATE Month Year DECEASED OF (Type or print) Arthur Well= MAN DEATH Sept: 6 5 16 19 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH W. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS and et birthday) Months Davs event, Aug. 13-1877 Male Negro WIDOW DIVORCED certificate physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if ratired)
Construction Laborer A.A.Co. Maryland Suc U.S.A. 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME 2 death attending pue Nelsem Wells Patricia Butler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT removal, (Yes, no, or unkown) (Ifyesgivewerordetes of service) Samuel Wells - 64 College Crk Terrace Anna. the Dermil. 18. CAUSE OF DEATH [Enter only one cause par line for affending physician. (e), (b), end (c). INTERVAL BETWEEN been signed by ONSET AND DEATH ե PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** burial. (a), stating the underlying has cause last. the (c) the hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION 5 G PERFORMED? 057 prior NO YES 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) may be retained by t DIRECTOR: After the 3 should be detached detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20a. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While ö at work at work 10 p.m. Dept. 21. I certify that (I) (this hospital) ettended the deceased from 2-7/ 19.6.4, that (1) (we) last .196......, and that death occurred at 5 MM, from the causes end on the date stated above. saw the deceased alive on.... SIGNANA DATE ATTENDING MED. STAFF SIGNED death. Page 4 PHYS. DIRECTOR PHYS. M.D. HOSPITAL page with t 22c PHYSICIAN'S 22d. ADDRESS NAME (Typa) ector, filed v 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. 23d. LOCATION (City, town or county) Sinte REMOVAL (Specify) OF Brower Hill Annapolis. Md ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE C.E. Hicks Ill Annapolis, Md. 20M S-63



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11932 11918 CERTIFICATE OF DEATH within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY HITTINE 6 COUNTY atter this certiticate has been signed by the attending physician and campletely filled in by the fur be detached far use as the burial-transit permit. Then please remove carban papers. Pages I State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after MARY! AND CITY OR TOWN (If outside carparate i mits c LENGTH OF STAY IN 18 Butside corporate limits, write RURAL and give nearest town) wute RURAL and afte nearest town) d NAME OF HOSPITAL OR INSTITUTION (If not un haspital, give street address) d STREET ADDRESS 9 IS RESIDENCE ON A FARM? YES NO F NAME OF 4. DATE Last Manth Dov Yeor DECEASED OF DEATH (Type or print) The law requires that the death certificate befexecuted 5 SEX 6. COLOR OR RACE 9 AGE (In years MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS bigthday) Months Haurs WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 SIRTHPLACE (County & State or foreign country) 12 CIT ZEN OF WHA during most of working life, even if retired) INDESTRY TTOUSEWI 13 FATHER'S NAME MOTHER'S MAIDEN NAME attending phys 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war or dates of service 18 CAUSE OF DEATH (Enter only one cause per me far (a), (b), and (c) )
PART I. DEATH WAS CAUSED BY-ONSET AND DEATH IMMEDIATE CAUSE (a) by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoling the underlying couse certificate has been last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPSY PERFORMED? NO OR ATTENDING PHYSICIAN: 20g ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOT FY MEDICAL EXAMINER) MEDICAL 20c TIME OR IN JRY Manth, Day, Year 20d JN. HRY OCCURRED 20e PLACE OF INJURY (Hame, form (City or town) (County) (State) Haun a.m. While **Not While** factory, street, affice bldg., etc.) TO FUNERAL DIRECTOR: After at work at wark I certify that (1) (this/haspital) attended the deceased from which 19 67 TO HOSPITAL OR ATTEND Page 4 may be retained director, page 3 shauld should be filed with the and that death accurred at 11 M. fram causes and an the date stated above saw the deceased alive an 220 BIGNATUR 22b DATE SIGNER ATTENDING M.D. PHYS PHYS DIRECTOR PHYSICIAL 22d ADDRESS Bolt 27 ANNAPOLII NAME (TWO NORTHBOUR BUR AL CREMATION DATE THEREOI 23c NAME OF CEMETERY OR CREMATORY (State) -REMOVAL (Specify) SUL 10 24. FUNERAL DIRECTOR REGISTRAR S SIGNATURE 2SG REC'D BY REGISTRAR 256 VR A15 (4) 25M 1/67 Cully tunera/ Hemel



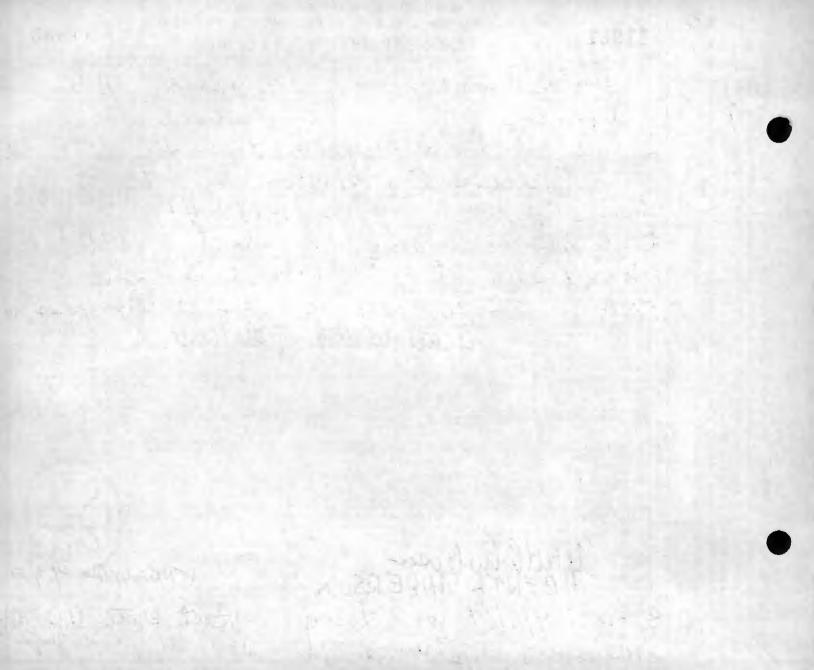
er.	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	= = 1/4	11918 CERTIFICATE OF DEATH
16°F	death.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY
	e - e	Anne Arundel Maryland Md. A.A.
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	3 5 5	Pasadena  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  215A Poplar Ridge Rd.  215A Poplar Ridge Rd.  215A Poplar Ridge Rd.  215A Poplar Ridge Rd.
	vithin 24 letely fill room paper within 24 within 24 letely fill specific room paper 25 letely fill specific room paper 2	3. NAME OF First Middle Last   4. DATE Month Day Year
	complet ve carb	(Type or print) VERNON EDWARD WHITE DEATH September 8 19 67
	executed within and completely remove carbon and exert, with	5. SEX   6. COLDR OR RACE 7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years last birthday)   Months   Days   Hours   Min.
	execurate and remarking and	10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
	ficate be er	during most of working life, even if retired) INDUSTRY  Engineer Davison Chemical Maryland U.S.
	phy phy n pl val,	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	certifica Iding pl Then remova	Albert White Emma Travers
	수 하는 수	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service)
	death the ath t permi	Yes 10/12-19/15 215-21-7857 Mrs. Charles Anderson-191 Meadow Rd., Balto.
	축 . 호ː호 #	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ONSET AND DEATH  24 16 16.1
	that /sicia gned ial-tr	4201 DUE TO Pasanau attions had it fact diseas to month.
	The law requires or attending phy atte has been significance as the buriself self prior to buring the purior to buring the prior to buring the pri	gave rise to immediate (b)
	requir nding p been the bi	cause (a), stating the DUE TD Issanfiel hyperstensor / Tilan
	law after thas h pri	
	The icate	∑ YES NO X
	PHVSICIAN: The law requires that the hospital or attending physician this certificate has been signed thetached for use as the burial-trane Ept. of Health prior to burial, cre	PARTILOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19 WAS AUTOPSY PERFORMED?   YES   NO
	PHYSICI the hosp this cel detached e llept. c	
		20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While at work at
	TTENDING tained by TOR: After should be	21.   certify that (I) (this hospital) attended the deceased from Yuley 10, 19 63, to selft. 8, 1967, that (I) (we) last
_	OR ATTENDING be retained by IIRECTOR: After ge 3 should be ed with the State	saw the deceased alive on dept. 6 19 67, and that death occurred at AM, from the causes and on the date stated above.
		22a. SIGNATURS  1. M. Mediceghilere M.D. ATTENDING DIRECTOR DIRECTOR PHYS. 9/8/67
	TAL OR may be MAL DIR page e filed	22c. PHYSICIAN'S DES DE LA COLLEGE DE LA COL
	O HOSPITAL Page 4 may O FUNERAL D director, pag should be filt	Million de de de Montre de Liste
	Fag Saga	REMOVAL (Specify)
		24. FUNERAL DIRECTOR ADDRESS   25a. REC'D BY REGISTRAR'S SIGNATURE
	VR A15 (4)	George J. Gonce-4:001 Ritchie Hgwy., Baltimore DATE SEP 1 3 1967 glances guide



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Anne Arundel Marvland MARYLAND Anne Arundel b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town! \_ Glen Burnie ППА Millersville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ove carbon papers. Pagevent, wiffin172 hours ON A FARM? M Arundel Hospital Box 188 Elvaton Rd. YES NO **completely** 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH MARY ELLEN MOUL Sept. 1967 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS and [ast birthday] White Months July 25.1879 WIDOWED [ DIVORCED physician and in any ever 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) House Wife Home Ошп Anne Arundel Co. Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affending Richard Martin Mary Anne Dall**A**s Gaither Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (daughter) (Yes, no, or unkown) (If yes give war or dates of service) 219-54-3243+Jl Mrs. Buelah Manthe The law attending physician. Mone Elvaton permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL SETWEEN ss been signed by burial-transit permi ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Arterio-sclerotic heart disease IMMEDIATE CAUSE (a) cremation, DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION 0 PERFORMED? NO [ prior YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) ò of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Yaar 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (State) factory, street, office bldg., etc.) Not While Hour a.m. af work at work p.m. DIRECTOR 21. I certify that (I) (this toppically attended the deceased from Mar. 1951, to Aug. 9......, 19.6.7 that (I) (We) last plnods OBO 22a. SIGNAZURE SIGNED 7 22b. DATE ATTENDING MED. death. Page 4 PHYS. DIRECTOR PHYS. HOSPITAL 22E PHYSICIAN'S 22d. ADDRESS E. Patapsco Avenue Semuel Rubin, M.D. NAME (Type) director, I Baltimore, Md. 21225 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Wood's Family Cemetery Millersville Maryland Sept.13. Burial 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Videla VR A15 Gleh Burnie. 20M 5-63 \



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11935 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY O. STATE (If outside orparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits . CITY OR TOWN State Depart e. IS RESIDENCE ON A FARM? INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS olong with form NO X in Item 18. Give Poges 24 hours ofter death. NAME OF DATE Month Doy Year DECEASED DEATH 19 (0) (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS SEX AGE (In years NEVER MARRIED bighdoy) Months Hours DIVORCED WIDOWED the Chief Medical Examiner's Office 12. CITIZEN OF WHAT KIND OF BUSINESS OR hours ofter in pencil i 13. FATHER'S NAME This certificate should be executed within 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT permit. (Yes no or unknown) (If yes give wor or dotes of service "pending" within INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b) ONSET AND DEATH event PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) writing the word DUE TO any Conditions, if any, which gave (b) rise to immediate couse (a), be forwarded to C. DUE TO stating the underlying couse pup SD be used 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) removol, PERFORMED? NO the certificote, 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) PRIMARY | or CONTRIBUTING | 0 EXAMINER: CAUSE OF DEATH cremotion, (City or town) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Poge of work 21. I certify that I took charge of the remains described above, held an Autopsy 50 Inspection Inquiry and in my opinion Suicide -Undetermined manner death resulted fram Natural causes Accident Hamicide moy be retained pleose CHIEF MEDICAL EXAMINER Health prior to ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** Address (Street, city, town, or county the BURIAL CREMATION 0 VR A15ME (5



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11922 11936 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Pro George's Poge Maryland 2 10 Anne Arundel MARYLAND delay ond 3 t State Reportment b. CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) ond TERURAL and give negrest town) ////// Edmonston, Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office olong with form 5200 47th avenue North Arundel Hospital "d "pending" in pencil in Item 18. Give Poges Chief Medicol Exominer's Office olong with for NO DE This certificate should be executed within 24 hours ofter death. 3. NAME OF Middle Lost 4. DATE Doy Year DECEASED (Type or print) WALTER DEATH YOUNG September SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HR 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH birthdoy) Months Doys within 72 hours after death White Male Dec. 15, 1896 WIDOWED X DIVORCED pages lond 2 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) **Retired** Navy Yard S Government COUNTRY ? Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Young Katherine Ferguson 匮 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service 217 52 6020 Viola M Johnson Hanover. Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) INTERVAL BETWEEN burial-transit ony event PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) e, writing the word forworded to the Ch DUE TO Conditions, if any, which gove rise to immediate couse (a). = **OUE TO** stoting the underlying couse 90 fast PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) removol 19. WAS AUTOPS?
PERFORMED? certificote, YES NO Pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 3 should PRIMARY CONTRIBUTING CONTRIBUTING cremotion, or CAL EXAMINER: CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED please execute the 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page While Not While at work ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinion Inspection K death resulted from: Natural causes . Homicide Accident Suicide funerol director. Undetermined manner CHIEF MEDICAL EXAMINER Health prior to ACTUAL C 22/DATE-SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 16 Mwwae EXAMINER'S Address (Street, city, town, or county) NAME (Type) BURIAL, CREMATION 23c. NAME OF CEMETERY ONCE TO JORY 23d. LOCATION (City or Town) (Stote) (County) 0 Arlington National Arlington Virginia. Sept 13, 1967 ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) F. Gasch's Sons Hyattsville, Md. 136/ Charles 6M 1/67

THE STREET OF STREET The state of the s negative #177 | Part | February #25707 CALTER II. FORES 1800 , 250 A A CONTRACT MERCHANISM FOR THE SHEET AND TH THE THY SHEET THOUGH IN THE SECOND SE The the same of the same and the state of the latest the state of the tallers out and a one of the distance